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**After the Fire:  
Post Traumatic Growth in Recovery from Addictions**

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**After the Fire:  
Post Traumatic Growth in Recovery from  
Addictions**

Anthony John Hewitt

A thesis submitted for the degree of Doctor of Philosophy

University of Bath, UK  
Department of Psychology

March 2007

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## **Abstract**

Growth in response to trauma (Posttraumatic growth – PTG) has been established in a number of studies, though only two (Hewitt 2004, McMillen et al 2001) are directly related to the traumatic experience of addiction to drugs and alcohol. This study built on previous work by the author (Hewitt 2002, 2004) that established that addiction could be seen as a trauma, and that both negative and positive effects could result from the experience.

This research sought to explore the experience of posttraumatic growth in recovery from addiction. The aim was to clarify more explicitly the experiences of some of the people who reported PTG in relation to addiction, increasing our awareness and understanding of some of the outcomes, strategies and processes involved, and the implications of these findings.

The research comprised two studies. In the first, the experience of 16 people who felt they had PTG effects resulting from their previous addiction to drugs or alcohol was analysed using Grounded Theory. In the second study, the experience and views of another three people who fulfilled the same criteria but in addition were also 'experts' in this area were analysed using Interpretative Phenomenological Analysis. Combining the data analysis from both studies described a uniquely personal overall process of *individuation*, with *growth* along a developmental continuum from addiction recovery to thriving resulting from the *deliberate* use and generation of *recovery capital* and *growth capital*. There were a large range of positive feedback loops that supported this growth, and *meaning* was of central and ongoing importance.

The study findings were compared to the wider PTG literature and found to have much in common, further supporting the view that addiction can be seen as a stressor in PTG terms, and suggesting that there may be much theory and practice from the PTG field that can be applied to the area of addiction recovery.

Limitations of the study are discussed, and recommendations made for further testing of the model developed within the thesis in order to examine its generalisability, as well as for study and theory development, and for the development of policy and practice relating to promoting recovery from addictions and subsequent growth.

# 1 **Chapter 1 - Thesis Introduction and Outline**

## 1.1 Terminology

A number of specific terms are used in this study that require some placing in context from the beginning. *Addiction* is discussed further in 2.1, but throughout this thesis is used in a more general and non-clinical sense; either referring to addiction as generally understood, i.e. a compulsive and powerful physical dependency with adverse withdrawal symptoms, or to a use of alcohol and/or drugs that is problematic, sustained and unwanted for at least part of the time (this not being part of the usual definition). As such the term is here considered to be relatively interchangeable with that of significantly problematic substance misuse, not favoured due to its grammatical awkwardness.

*Alcohol* is unarguably a drug, but in this thesis the term 'drugs' is not taken to include alcohol, precisely because the distinction between drugs and alcohol is so present in the literature and used by professionals and the general public alike. However, as will be seen, the literature and the findings are largely applicable to both groups of substances.

*Substance misuse* or *abuse* is seen as distinct from the *use* of psychoactive substances. There is no assumption that the use of drugs or alcohol is a problem per se, only the misuse or abuse, here self-defined by the person involved.

*Recovery* is not used here in the sense that is often meant in the USA or in 12-step fellowships, where amongst other things it is seen as

synonymous with abstinence from any mood-altering substance. Recovery is used here to mean that substance use is no longer seen as a problem by the person concerned. This may or may not involve abstinence, and may or may not involve improvement in other domains (also see 2.1).

The central theme of the study is that a very difficult experience – in this case addiction – can stimulate and foster growth beyond what would otherwise be expected. To describe this growth, the terms *post-traumatic growth (PTG)*, *enhanced growth*, *thriving*, etc, are used interchangeably throughout this study, the variety being in order to increase readability. There is more in 3.4 on the variety of terms used in PTG.

## 1.2 Background

This study was a result of the coming together of two different trajectories. Professionally, I have worked in the substance misuse field for over twenty years, in a wide variety of positions and areas, and have long felt that there was (understandably) an unbalanced view within that field on the experience and impact of drug and alcohol use, i.e. an emphasis on the damage related to addiction and drugs. Additionally, I was coming across more and more about Post-Traumatic Stress as a factor in developing addictions, but little about addiction as a traumatic experience in itself, or that traumatic experiences could sometimes have positive outcomes. The latter was particularly evident to me from the stories of a number of colleagues in the field who had had problems with drugs or alcohol in the past.

Academically, I wished to further stretch myself, and acquire a greater understanding of and facility with research methodology. Therefore when considering a subject for academic research for my Masters I decided to focus on exploring the career pathway of addiction and recovery, with a particular emphasis on positive outcomes. The two studies involved drew me towards this further more detailed study for my doctorate that explores in far greater depth the experience of those who feel they have benefited from addiction.

### 1.3 Overview and structure of the thesis

Chapter 1 clarifies some issues of terminology, gives some background as to why I undertook this study, and provides an overview of the structure of the thesis.

Chapter 2 considers the area of addiction and recovery, the focus of the sample in this study. In particular I explore the literature relating to exit processes, in other words how people overcome their addictions.

Chapter 3 explores the literature on Post-Traumatic Growth (PTG), the overall context within which this study takes place.

Chapter 4 outlines the research question, which is essentially the beginning of an endeavour to gain greater understanding of the experience of those reporting enhanced growth in recovery from addiction.

Chapter 5 discusses methodology. This includes some exploration of epistemology and the rationale for the methodologies used, as well as

coverage of a number of the methodological issues arising in a project such as this one.

Chapter 6 goes into more detail on the implementation of the Grounded Theory (GT) study, providing information on that sample, and discussing in detail the process of carrying out that study.

Chapter 7 goes into some depth on the findings of the GT study, and is an analysis of the experience of those interviewed about enhanced growth in their recovery from addiction.

Chapter 8 summarises and illustrates the main elements of the theoretical model that emerges from the data analysis in chapter 7.

Chapter 9 further analyses and discusses the findings of the GT study, both in relation to how these address the research question, and with reference to extant literature.

Chapter 10 goes into more detail on the implementation of the IPA study, providing information on that sample, and discussing the process of carrying out that study.

Chapter 11 goes into some depth on the findings of the IPA study, and is an analysis of the experience and 'expert' views of those interviewed about enhanced growth in their recovery from addiction.

Chapter 12 summarises and illustrates the main elements of the theoretical model that emerges from the data analysis in chapter 11.

Chapter 13 further analyses and discusses the findings of the IPA study, both in relation to how these address the research question, and with reference to the extant literature and the GT study.

Chapter 14 brings together the theories of chapters 8 and 12 and the discussions of chapters 9 and 13 into an overall theory explicating the experience of those with PTG post-addiction.

Chapter 15 discusses the strengths of the overall study, ways it may have been done differently, and the implications of the findings for future study and research, and for policy and clinical practice, before drawing a final conclusion.

After the bibliographical references there are a number of appendices containing the questionnaire used, interview schedules, the subject information sheet, and the 12 steps of Alcoholics Anonymous.

## 2 **Chapter 2 - Addiction and Recovery**

“Canst thou not minister to a mind diseased,  
pluck from the memory of rooted sorrow,  
raze out the written troubles of the brain  
and with some sweet oblivious antidote  
clean the stuffed bosom of that perilous stuff  
which weighs upon the heart?”

*Shakespeare: Macbeth Act V Scene III*

### 2.1 **Definitions**

The word *addiction* derives from the Latin word *addictus*; meaning assigned by decree, made over, bound to another, hence attached by restraint or obligation (MacAndrew 1988). This is reflected in both lay understanding and the international definitions agreed for diagnosis (APA 1994 p.176, WHO 1992 p.75), summarised in an editorial for the journal *Addiction* – the leading journal in the field: “...addiction is currently defined as a behaviour over which an individual has impaired control with harmful consequences. Thus, individuals who recognise that the behaviour is harming them or those whom they care about find themselves unable to stop engaging in the behaviour when they try to do so.” (West 2001 p.3) It is important to note that though this chapter focuses on addiction as defined above, the research question (chapter 4) has a more inclusive brief, focussing on problematic substance use as defined by the person themselves (see 1.1).

The word *recovery* does not have an agreed definition. It is most commonly used as a specific term within the context of the 12-step model of addiction, where it means complete abstinence from mood-



altering substances (although tobacco, caffeine and some medication are usually excluded from this). In this chapter and in this overall enquiry recovery is defined (see 1.1) as “behavioural cessation of the habitual or destructive use of intoxicating substances.” (Granfield & Cloud 1999 p.xvii). It does not necessarily imply abstinence. However, recovery is generally used in this thesis to refer to a broader process that also includes progress in a range of domains other than just substance misuse, though with the overcoming of the addiction problem as the central defining feature of that process.

## **2.2 The wider context and impact of substance misuse problems**

Misuse of and dependency on drugs and alcohol is a worldwide problem on an enormous scale, seemingly touching every society in the world (SAMHSA 2004 Appendix B18, UNODC 2005). The UK's costs (in 2001) of drug misuse by its then 280,000 drug misusers were put at between 11 and 19 billion pounds (UN 2003 pp.1, 6-7), and more recently, costs from alcohol-related harm were calculated as around £20 billion a year (Strategy Unit 2004 p.2). In the UK alone there are nearly 3,000,000 people dependent on alcohol (Alcohol Concern 2004 p.1).

This range of statistics illustrates some of the cost to society of the misuse of drugs and alcohol, though there are a range of other costs that are harder to quantify in terms of pain and damage to individuals, families, communities and the wider social fabric. It is the costs and consequences of this widespread problem that prompt the level of interest there is in the phenomenon of addiction and dependency.

### **2.3 Theories of addiction and dependency**

There have been several collections, critiques and reviews of the various theories and models that have been developed to explain why and how addictions occur (e.g. Miller 1998a, West 2001). As such there are a variety of definitions and explanations of addiction and dependency.

Associated with this are a number of controversies about the extent of addiction and the understanding of its nature, particularly in the United States (Peele 1989). It is outside the scope of this review to analyse these debates in detail, as they are not particularly pertinent to the research question (Ch.4), which is more concerned with recovery than addiction per se, and hence not significantly affected by these issues. Additionally, as discussed (1.1, 2.1), this enquiry uses the term 'addiction' in a much broader sense and as such does not require strict criteria as to what is technically an addiction problem or not.

A typical overview of the available models is Teesson et al (2002 pp.33-47), who group addiction theories into three different areas of explanation. These are:

- Neurobiological theories, including the dopamine reward system, the endogenous opioid system, neuroadaptation and genetics
- Psychological theories incorporating behavioural, cognitive, personality and rational choice theories.
- Contextual factors, e.g. family, peers, culture, etc

Most theory and practice is based on a combination of the above theories - though with varying emphases - what is sometimes called a "biopsychosocial" approach (ibid. pp.46-7). A similar framework for

understanding addiction is to see it as a product of the interaction between the person, the situation and the experience within the social and cultural context (Peele 1989 pp. 146-9). Any particular view on the existence or relative relevance of any of these factors has major implications for social policy, treatment interventions and the degree and breadth of understanding of the phenomenon. Across all theories however, the consistently key questions remain how? and why? (Koski-Jannes 2004 pp.49-50).

The addictions literature is extensive, and it is not the intention of this chapter to review all areas of it. The key two areas of enquiry in relation to the addictions in general and problematic use of psychoactive substances in particular are those of the transitions in and out of problem use (White & Bates 1995 p.947), what are often called the *entry* and *exit* processes. In other words, how and why do some people in some situations (and not most others) develop problems with their substance use, and how are these problems managed and resolved? (Orford 2001). As this research question is focussed on recovery and afterwards, the relevant area of consideration in the addictions literature is that of *exit*, specifically the processes of change, exit and recovery, and the factors affecting these.

## **2.4 The literature and exiting the addictions career**

So what happens to people who become addicted? As we will see below, most do not remain so, though a small minority never overcome their addiction during their lives. Pathways to recovery from addiction can be roughly divided into those involving treatment and those that do not, and both will be explored in the following sections. Both of these areas have consistent research findings, though the non-treatment

literature is particularly interesting as this applies to the majority of people experiencing addiction. However, the great majority of the research has been carried out on the treatment population.

This imbalance is less to do with issues of ease of access than with the power of the prevailing orthodoxy (against self-change as a viable possibility) in the United States, where the great majority of addictions research world-wide is carried out, and there is considerable investment in 'combating' drug problems (Klingemann et al 2001 pp11-12).

This critical review of the relevant literature is with respect to the existing evidence-base world-wide, but the US position has interesting implications, as the political stance there has inevitably had an impact on the literature, not least in terms of which US research proposals get funded.

## **2.5 Self-change**

I have read much of the published material till mid-2006 on self-change, as well as selected 'grey' literature, but will usually only refer to key papers (such as the larger studies) or critical reviews of the evidence-base. For example, Best et al's 2006 review for the UK National Treatment Agency of the world-wide evidence base on drug-using careers, and Klingemann et al's (2001, see p.21) collection of the then world-wide evidence base supporting self-change, were both in agreement that the findings are clear that self-change is the predominant pathway to recovery for people with addictions (also see statistics below).

Indeed, a growing view is that much recovery can be seen as ‘natural recovery’, and treatment is “at best simply the skilful business of nudging and supporting self-determined change” (Edwards 2000 p.747 in an editorial for *Addiction*, the leading journal in the field).

#### 2.5.1 Findings in the self-change area

While exact definitions of non-treatment vary slightly, this generally refers to no or minimal involvement with either formal treatment systems or support groups. There is evidence for self-change from addictive behaviour from several sources including prevalence and longitudinal studies in the general population; waiting-list control groups and follow-up of treatment leavers; active case-finding and official addict registers. Large-scale population surveys (e.g. IOM 1990, Cunningham 1999, Cunningham & Breslin 2004, Dawson et al 2005) suggest figures between 50% and 90% recover without ‘treatment’, depending on criteria used.

Related to this, data from a recent large, representative survey (n = 67,784) of the U.S. population (Cunningham 2004) showed the more frequently someone had taken a drug (an indicator of their level of use), the more likely they were to have accessed treatment rather than not, that untreated recovery is less common amongst those with more severe problems.

### 2.6 Treatment

A useful meta-review for the UK National Treatment Agency by Gossop (2005) of the UK National Addiction Centre examines the results of the world’s four largest studies (approx. 65,000 people from the US, 1,000

from the UK) on treatment outcomes. Notwithstanding the prevalence of people who manage without, treatment was shown in all four studies to be both effective and cost-effective. I have examined the original results of parts of two of these studies: specifically the five year follow-ups on both the large US DATOS study of drug treatment (Hubbard et al 2003, n=10,010, 1,393 at five year point), and the National Addiction Centre (UK, 2001) NTORS study (n = 1,075, 496 at five year point) of people receiving treatment for opiate addiction, as well as actually having worked with the NTORS study for two years. Again, treatment effectiveness is supported across a range of outcome domains.

Best et al's recent review of the evidence base (2006 p.5) has a number of conclusions about exiting the addiction career. The large-scale studies of treatment outcomes examined by Best et al (also in Gossop 2005) establish that abstinence after treatment is an outcome for roughly a quarter of heroin and cocaine users five years after commencing treatment (Best et al 2006 p.4). However, it is not always clear that these outcomes are treatment effects.

A 12 year follow-up in the DARP study (the largest of the above four studies, n = 44,000, 700 at 12 years, reviewed in Best et al 2006 p.4) found two-thirds abstinence amongst both those who completed treatment and those who dropped out after the initial assessment, perhaps suggesting that treatment itself may not be the significant factor. Historical lack of support in the US for research involving the non-treatment population has meant that there has been insufficient open study and debate as to the deeper underlying factors supporting change away from addiction, e.g. how exactly does a 'quality' therapeutic relationship make a difference, and in what way does this differ from a 'quality' friend?

## 2.7 Change

There is some measure of consistent empirical evidence related to addictions and their management. Bill Miller – one of the most prolific and respected figures in the addictions field (1998a) summarised the limited evidence-based understanding of changing addictive behaviours, specifically that: most people recover on their own, even very limited interventions can be helpful (e.g. suggesting people keep a drink diary), client compliance (to virtually anything, even placebos) is associated with better outcomes, and therapist characteristics have a large degree of impact and can even predict outcome, though therapeutic approach does not. Much of this is at odds with treatment orthodoxy, especially in the US.

Prochaska and DiClemente's work (e.g. 1998) is well established in the addictions field, probably the predominant model of change outside the US. Their study of intentional self-changers led to the now well-known *Cycle of Change*, arguably a paradigm shift in our understanding of maladaptive behaviours. The five stages of change identified by Prochaska et al (1992) are precontemplation, contemplation, preparation, action and maintenance. They recognise that this is not always a linear process – more backwards and forwards or spiralling - nor does it describe everyone. They also identified ten processes supported by the literature that are involved in successful intentional change: consciousness raising, self-re-evaluation, self-liberation, counter conditioning, stimulus control, reinforcement management, helping relationships, dramatic relief, environmental re-evaluation and social liberation. Some of these are more emphasised in some stages of change than others.

This framework is often associated with (and confused with) *Motivational Interviewing*, originally developed by Bill Miller some twenty years ago. Motivational interviewing is a directive, client-centred counselling style for eliciting behaviour change by helping clients to explore and resolve ambivalence, though compared with non-directive counselling, it is more focused and goal-directed (Rollnick & Miller 1995 p.325).

### 2.7.1 Triggers for change

In the non-treatment literature the focus tends to be on aspects of change rather than aspects of treatment, as is the emphasis in the treatment literature. As such, much of the literature referred to below is from the non-treatment area. The methodologies are more likely to be qualitative and therefore more revealing, though the sample sizes are often much smaller than the large well-funded treatment studies. Nevertheless, the literature referenced is either methodologically sound or a review that includes a range of literature I have also examined. Additionally, as said, there is consistency and consensus on most of the findings and theory, despite some dispute as to the criteria for self-change.

There has been a range of research focussed on investigating triggering, and to a lesser extent, maintenance of change from problematic to non-problematic substance use, what this study generally refers to as *recovery* (e.g. Bischof et al 2002 (quantitative, cluster analysis identifying sub-groups), as well as reviews by Blomqvist 1996, McIntosh & McKeganey 2000). The overall conclusion could be summarised as “People change when they want it badly enough and when they feel strong enough to face the challenge...” (Peele 2004 p.46)



These and other reviews and studies (e.g. Biernacki's 1986 p.49 large (n = 101) and ground-breaking qualitative study of addiction and recovery, Cunningham et al's 2002 prospective study of alcohol quitters, Klingemann et al's (2001 pp.23-4) review of the evidence base) suggest that ongoing cognitive evaluations are central to the change process (irrespective of cultural context or substance used). This may involve a mixture of avoidance-oriented and approach-oriented factors, i.e. a build-up of negative feelings pushing the person away from substance use together with the growing attractiveness of alternatives (Granfield & Cloud 2001 p.1545, Klingemann 1991 pp.734-5 - both papers hypothesising from the available evidence), and perhaps some event (often quite 'minor' to an outsider) that acts as a catalyst in some way.

Tucker (in one of a series of highly detailed quantitative studies examining pathways, 2001 p.1507) adopts a differing perspective on the same phenomena when she describes the increase in negative events that precede and appear to motivate change attempts, and the increase in positive events afterwards that help maintain stability and ongoing maintenance of resolution. Perhaps related to the first part of that change process, the Sobells (Sobell & Sobell 1998 p.191) discuss Baumeister's (1996) theory of the *crystallisation of discontent*, a model similar to that of Kuhnian *Paradigm Shifts* or the utilisation of *cognitive dissonance* in Motivational Interviewing with addictions (an approach that has cognitive reappraisal at its heart). Basically, the idea is that it is normal human behaviour when trying to make sense of life to minimise costs and exaggerate benefits of the current situation, until this becomes unsustainable such that the situation is perceived differently, motivating a desire to change

Flynn et al's (2003) study of US cocaine users (n=708) found personal motivation was considered by those in recovery to be the most significant recovery factor, followed by religion/spirituality (the social component of this being emphasised), treatment experience and family. Positive life events were found to discriminate between those recovered and those not, whereas negative events did not (perhaps supporting Tucker's view above).

This is in contrast to what may be the prevalent view of change in addictions (at least in the USA), that severe crises are necessary to trigger change, a view that may have been heavily influenced by stories from AA of hitting 'rock bottom' – of severe crises. Nevertheless, increasingly complex views are becoming the norm, at least amongst professionals and researchers.

## **2.8 Pathways to recovery**

Recovery from addiction – as with any process of change - is likely to be a complex and individual process involving the interaction of the person and their environment over time. A number of qualitative studies have identified a variety of distinguishable pathways out of addiction arising from these complex interactions of internal and external factors. Examples are growing up and gaining different aims, or situationally dependent use changing as the situation changes, such as someone leaving their drug-using partner, or the veteran returning from the Vietnam war (see Biernacki 1986, Blomqvist 2002, Koski-Jannes & Turner 1999, Peele 1989 pp.173–202 for further examples). Whilst there is neither evidence nor claims for these pathways being either exclusive or definitive, the findings are valuable for establishing that

there is variety, and that motivations for change can be variable and complex.

#### 2.8.1 Variables affecting exit processes

As said, the exact pathway anyone takes away from addiction will be influenced by a variety of factors, including a range of personal and environmental variables. Recognising the evidence that most people manage their addictions without specialist help, Bill Cloud & Bob Granfield developed a self-help book (2001) for people trying to overcome their addictions, based on much of the evidence-base discussed in this chapter. In their discussion (ibid pp.82-113) on the factors that influence both dependency and recovery, and therefore on strategies to prevent the former and promote the latter, they explore a number of the variables identified consistently in the literature, including severity of problem, level of motivation, gender, age, ethnicity, employment status, education, health status, mental health status, resources: economic, personal and social, type of substance and patterns of use, and a variety of other social-environmental factors.

### 2.9 Social capital and recovery capital

Of particular interest amongst these variables are those that are potential resources to increase the likelihood of initiation and maintenance of recovery. A theoretical construct that is a useful way of conceptualising some of the resources involved is Granfield and Cloud's concept of Social Capital as applied to addictive behaviours, what they call *Recovery Capital* (e.g. Granfield & Cloud 1999 pp. 130-156). Recovery Capital both supports recovery and is also a group of outcomes that increase with recovery. A key part of the recovery

process is the developing and utilising of this capital. These concepts are discussed at some length below due to their utility as a framework in which to explore and understand change and development.

### 2.9.1 Social capital

Social Capital is defined (Granfield & Cloud 2001 p.1566) as “the benefits that accrue to an individual as a result of the network of personal contacts and associations that surround them”, and is significant in peoples’ ability to initiate and maintain change (Klingemann et al’s review of self-change findings and theory, 2001 p.157).

Granfield & Cloud (2002) describe Social Capital as having the elements of:

1. Social structures, social networks and social connections (e.g. the wider and more varied the social networks, the greater the range and quantity of resources available for the person)
2. Social norms (where these are pro-social, they can support and encourage ‘healthy’ behaviour by the person, and encourage the offer of resources from others)
3. Resources (tangible and intangible: these can cover an enormous range; from an empathic ear to information about accommodation and employment opportunities, from the loan of money to giving of encouragement)

Potential benefits of social capital include:

1. Information and awareness, e.g. of positive health norms, occupational opportunities, other meaningful events and activities

2. Influence and social control; by individuals: role models, mentors; groups: family, peers. Colleagues: organisations: membership and associations
3. Social solidarity: social support; community enrichment and empowerment: public sector, private sector, voluntary sector

#### 2.9.2 Recovery capital

Granfield & Cloud develop this theoretical framework further (2002) in *Recovery Capital*, a conceptual extension of Social Capital and broader in scope, that refers to the aggregate of personal and social environmental resources that substance dependent people possess that can be drawn upon to help overcome addiction. Social and recovery capital cover a number of the same domains:

- *Social capital* is the actual or virtual resources that accrue to an individual through the structure and function of reciprocal relationships
- *Physical capital* can also be termed economic or financial capital and refers to income, property, investments and other assets than can be converted to money
- *Human capital* is the knowledge, skills, education, health and other individual attributes that can be used to navigate daily life, problem solve, or, otherwise, attain goals.
- *Cultural capital* is an understanding and acceptance of cultural norms and the ability to act in one's own interest within those norms. It also includes values, beliefs and other predispositions that emanate from membership within a particular culture.

## **2.10 After recovery?**

As discussed in this chapter, there is an empirical evidence-base in the literature – both quantitative and qualitative – establishing a number of the factors involved in initiation and maintenance of change, and the variables involved and their potential impact. Additionally, there are some constructs such as the *cycle of change* and *recovery capital* that are valuable in helping provide a framework for much of this. As such, exit processes in general could be said to be fairly well understood, albeit some of the evidence may be politically unpalatable in some areas.

However, there is a significant gap in the study of addiction in a comprehensive view of what happens post-recovery. This is not to deny the considerable research on people post-addiction, for example all the large-scale outcome studies mentioned in 2.6 measure a range of outcome variables, sometimes for decades post-recovery. But without exception what is measured is essentially the degree of ‘harm’, e.g. offending behaviour, mental health problems or levels of substance use. Measurement is typically designed to assess the extent to which harm is greater or lesser, with the best possible outcome being the absence of harm. Very few empirical studies have even had the capacity to identify or explore *thriving* post-addiction (see 3.14.1 for exceptions) as opposed to the absence of harm.

## **2.11 Summary and a remaining question**

There is an extensive literature – both theoretical and empirical - on most sections of the addiction ‘career’, particularly entry and exit. It is relatively well established – albeit sometimes politically controversial –

what the potential courses of an addiction may be. There is a strong body of evidence related to many of the elements involved in change and recovery, and the framework of recovery capital has untapped potential for supporting further exploration of the elements involved in recovery and their interactions.

However, a missing area is that of 'thriving' post-addiction, where there has been virtually no study. Whilst such thriving has been established as a possible outcome from addiction recovery (3.14.1), there is little understanding of the nature and dynamics of the processes involved. It is to address this gap that this enquiry is focussed, and the related research question is outlined in chapter 4.

### **3 Chapter 3 - Posttraumatic Growth**

*Sweet are the uses of adversity,  
Which, like the toad, ugly and venomous,  
Wears yet a precious jewel in his head.*

Shakespeare: *As You Like It* Act I Scene II

*I saw grief drinking a cup of sorrow  
And called out,  
                    "It tastes sweet,  
does it not?"  
                    "You've caught me,"  
grief answered,  
                    "and you've ruined my business.  
How can I sell sorrow,  
                    When you know it's a blessing?"*

## Jalal al-din Rumi (1207-1273)

### 3.1 More personal background

When I first began working in the drugs field in the mid 1980s in Central London - very much at the 'sharp end' - HIV/AIDS was beginning to make a serious impact on our service users, and most of my work was with people with HIV/AIDS, or focused in this area. At that time, the expertise in HIV/AIDS was still confined mostly to gay men and those who had worked with them on this issue, and it was to these experts that the drugs field looked for advice and training. During that period I did an extraordinary weekend's training with an AIDS self-help group called



Body Positive, where all the facilitators and most of the 50 or so participants were gay men with HIV or AIDS. I met some remarkable people – most of whom are now dead – but was much struck that a number appeared genuine in saying that this (i.e. HIV/AIDS) was the best thing that had ever happened to them. This was my first personal encounter with what I now think of as posttraumatic growth.

### **3.2 Introduction**

This chapter begins with a consideration of the context of posttraumatic growth (PTG), specifically its focus on positive outcomes from trauma, followed by a discussion of definitions. The next section explores the literature, first describing the literature search before discussing the results of that search in more detail, focussing on key texts and reviews. One of these reviews (Linley & Joseph 2004) is updated with subsequent empirical literature, and recommendations from this and later reviews are noted. A number of methodological issues in the study of PTG are discussed. The rest of the chapter continues with consideration of some models of PTG, followed by discussion of the elements of these overviews in more detail, linked back to some of the empirical data arising from the updated review. Within this is a more detailed focus on the literature connecting PTG and addiction.

### **3.3 The context – growth through adversity**

The emphases of practitioners and researchers working with life crises and transitions have generally been on the problems, with a good outcome being equated with the absence of physical symptoms and psychopathology. Whilst understanding and alleviating problems is both necessary and desirable, the possibility of a new and better level of

adaptation in response to unusual or extreme life events is rarely considered (O’Leary & Ickovics 1995). To consider one area of human struggle (see 2.10), most of the work with addictions is focussed on illness rather than health. It appears that we understand illness and vulnerability far better than we understand health, coping and thriving (Holohan et al 1992 p.24).

This emphasis is gradually changing however, and Ai & Park (2005) describe a growing appreciation and interest in the potential for posttraumatic adaptation, development and resurgence, with some authors (e.g. Shaw et al 2005 p.1) seeing this interest in PTG as part of a much wider shift towards a more positive psychology. This move is stimulated by three areas of study; specifically, the positive psychology movement, the increasing recognition of the role of spirituality and religion in health and well-being, and the study of stress-related growth. This chapter focuses on the area of PTG, though inevitably this will include some reference to the areas of positive psychology and spirituality and religion.

### **3.4 Definitions**

Throughout recorded history and across all cultures there has been a view that life crises can be turning points for the better, and times of opportunity as well as risk (examples in O’Leary & Ickovics 1995 pp.122 & 137, Miller & C’de Baca 2001 p.5). In this study posttraumatic growth (PTG) is the primary term used for this phenomenon, principally as this is the prevalent term in the literature and appears to adequately describe the matter under consideration. Tedeschi & Kilmer (2005 p.233) believe “The term *posttraumatic growth* appears to capture the essentials of this phenomenon because it emphasizes that

transformative positive changes (a) occur most distinctively in the aftermath of trauma rather than during lower level stress, (b) appear to go beyond illusion, (c) are experienced as an outcome rather than a coping mechanism, and (d) require a shattering of basic assumptions about one's life that traumas provide but lower level stress does not".

However, to reduce repetition and increase readability, a range of terms are used interchangeably including posttraumatic growth (or PTG), thriving, stress-related growth and enhanced growth. These are some of a wide range of terms used in this context (see Tedeschi & Calhoun 2004b p.3 for more), which has made for some confusion in the research and theorising. Such definitional issues are arguably less crucial a concern in an exploratory study such as this one.

### **3.5 The literature search**

The focus of the literature considered in this chapter is the more recent (post-1995) publications since the field of PTG has become defined and the term has become more prevalent. As might be expected in a relatively new area, much of what is written is theoretical, albeit theory derived or deduced from the small though growing number of empirical PTG studies, 102 papers published in peer-review journals to date (July 2006, see Table 1 in 3.6.4). Both theory and empirical findings will be reviewed.

A broad search was carried out when the study began for any work connecting PTG to substance use, principally to try and ensure that this study was not repeating the work of earlier studies. It was not until after the first set of findings had been collected and analysed that a more thorough and comprehensive search was made and the PTG literature

read more thoroughly. This staged approach was adopted due to the decision to use Grounded Theory to analyse my qualitative data, Grounded Theory stressing the importance of avoiding influencing the interpretation of the study data by anticipating particular results. As well as constant searching for literature throughout the research, there was also a last final thorough search near the end (July 2006) to try and ensure the empirical studies were as up to date as was possible at the time.

Much the same methods were used throughout. The first was searching of major online databases (e.g. PsycInfo) using a number of specific and general search terms that were likely to pick up PTG research, i.e.. *postraumatic growth*, *posttraumatic growth*, *post-traumatic growth*, *PTG*, *adversarial growth*, *enhanced growth* and *thriving*. Second was searching the bibliographies of existing material for other references, particularly useful for related areas of inquiry. There were also a number of other routes – mostly direct communication with key authors and Google searches – that helped identify further papers.

### **3.6 The PTG literature**

Posttraumatic growth appears intuitively understandable to many people, and ‘folklore’ across the contemporary world and throughout history contains stories of triumph over sometimes considerable adversity (examples in Shaw et al 2005 p.2). Such stories are common items for TV news and local papers. However, the conceptualising and study of posttraumatic growth is in practice less than twenty years old, with the literature beginning to grow in the mid to late 1990s.

As the PTG field is still in the early stages of conceptual development (Lechner & Antoni 2004 p.40), much of this literature is theoretical and/or speculative, or concerned with using a variety of tools to establish the existence of PTG in various populations, though studies are increasingly establishing empirically the details of much of the theory. However, the extant research is sufficient to establish a core of consistent findings (see 3.6.3 ff), and show the direction for the kind of studies (3.6.5) that will be needed if we are to understand PTG processes and any variables involved in the kind of detail necessary to inform interventions.

### 3.6.1 Key PTG texts and reviews

Tedeschi, Park & Calhoun's 1998(a) *Posttraumatic Growth: Positive Changes in the Aftermath of Crisis* stands as the first marker point in the study of this area, gathering together many of the main authors at the time and covering most aspects of PTG, albeit sometimes theoretically. This was recently 'updated', as *The Handbook of Posttraumatic Growth: Research and Practice* (Calhoun & Tedeschi 2006a), with a noticeable development even in that short time as to the sophistication of the arguments and analyses, as the gaps in understanding and evidence have become filled or clearer. Calhoun & Tedeschi's introductory chapter to this book (2006b), while not a critical review, summarises the research findings to that point within a theoretical framework (see figure 3 in 3.10.3).

Also recently, there was a whole edition (2004 Vol.15 No.1) of *Psychological Inquiry* devoted to exploring and debating many of the current issues in the area of PTG, mostly from a theoretical perspective. This pulled together a number of pertinent and current issues in a target

article by Tedeschi & Calhoun (2004b), 14 commentary articles on this by a range of authors, and a final response to these by Calhoun & Tedeschi (2004). Though none of these papers are themselves empirical studies, a number do refer to such studies.

### 3.6.2 The Linley & Joseph (2004) PTG review

There have been a number of reviews of the PTG literature, the most recent being Linley & Joseph (2004), who focussed on empirical studies (both quantitative and qualitative) published in peer-review journals, reviewing the 39 available until March 2002. They summarised the findings of the studies to date, and suggested future directions for further study.

To summarise the findings of their review; "...cognitive appraisal variables (threat, harm, and controllability), problem-focussed, acceptance and positive reinterpretation coping, optimism, religion, cognitive processing, and positive affect were consistently associated with adversarial growth. The review revealed inconsistent associations between adversarial growth, sociodemographic variables (gender, age, education and income), and psychological distress variables (e.g. depression, anxiety, posttraumatic stress disorder)...people who reported and maintained adversarial growth over time were less distressed subsequently." (ibid, abstract p.11). These themes are elaborated on below in the rest of the chapter.

### 3.6.3 The Stanton et al (2006) PTG and cancer review

The other key review of particular interest is Stanton et al's (2006) chapter on PTG and cancer, one of the more promising areas of PTG

research due to the relative ease of recruitment and potential for longitudinal and prospective design. They review quantitative studies only (29, and another 7 sub-studies, all also in Table 1 in 3.6.4). Most of these were cross-sectional, but 11 were longitudinal in design. Most had less than a hundred participants, though 14 had a hundred or more subjects. Many of these papers are referenced in the following pages.

To summarise the findings of their review in an approximate order of strength of findings:

Clear findings:

- PTG is positively associated with intentional engagement, i.e. approach-oriented coping, and negatively associated with avoidance-oriented coping
- A positive relationship between degree of stress, disruption and perceived threat of the event and PTG
- No difference on gender
- A modest correlation in both directions between a variety of positive personal resources and PTG
- A generally positive correlation of PTG with non-white ethnicity, i.e. ethnic minorities are more likely to experience PTG, though why may be due to other variables than ethnicity

Unclear findings:

- Mixed findings on socioeconomic status, detailed analysis suggesting that there may be a relationship between socioeconomic status and PTG, but it is a complex one dependent on a number of other variables, e.g. the nature of the stressor and time post-event.
- Mixed findings on social support in general but positive correlations with specific aspects, e.g. positive role models

- Mixed findings on age and PTG
- Mixed findings on time post-event and amount of PTG
- Mixed, though largely non-significant relationship with Quality of Life
- Mixed, though largely non-significant relations between distress and growth, though they often coexist

The Post Traumatic Growth Inventory (PTGI, Tedeschi & Calhoun 1995), was the most common PTG measure used, allowing for a number of comparisons, for example that bone marrow transplant patients have higher mean PTG scores than breast cancer survivors, presumably due to the greater stress and level of threat (see above findings). However, the potential for such comparisons is limited by the range of ways that the PTGI has been used and the results reported, e.g. some papers publish mean scores for individual questions, some mean domain scores, and others mean total scores (usually within the range of 0-105), the variety making comparison difficult (also see 3.9.3 below).

#### 3.6.4 Empirical studies

As part of the review of the PTG literature for this chapter, I have attempted to update Linley & Joseph's review of empirical studies, including adding another 63 studies that I was able to find up to July 2006, all published in peer-review journals. Specific topics of that original review are picked up and updated throughout the rest of this chapter. This includes consideration of a number of the newer papers in the Stanton et al (2006) review. I have attempted to summarise key features of these 'new' papers below in the same format used by Joseph



& Linley. Note that UP means this data was not in the paper (i.e. unpublished). Other abbreviations are explained at the end of the table.

**Table 1 - Summary of empirical PTG studies since Joseph & Linley's (2004) review**

Study (more recent first)	Event	Gender	n	Measure	Mean (SD)	Prevalence of PTG
Maguen et al 2006	Gulf War combat veterans	Mixed	61	PTGI	53.34 (28.14)	UP
Val & Linley 2006	Vicarious impact of terrorist bombings	Mixed	153	PTGI-S, CiOQ	16.2 (13.4)	UP
Cheng et al (2006)	SARS	Mixed	57	TS	54.57 (6.62)	UP
Barakat et al (2006)	Parents of children with cancer	Mixed	46 female, 107 male	ITSIS	N/A	"The majority"
Thornton & Perez (2006)	Prostrate cancer (and partners)	Male (cancer) Female (partners)	82 and 67 partners	PTGI, Brief COPE and others	46.6 (25.6) and 49.7 (28.8)	UP
Linley & Joseph (2006)	Disaster workers	Mixed	57	PTGI, CiOQ	52.81 (27.02) 54.63 (22.81)	UP

Tartaro et al 2006	Breast Cancer	Female	39	Qualitative and various non-PTG scales	UP	UP
Fleer et al (2006)	Testicular cancer	Male	354	Various scales	Varied	58.3%
Konrad (2006)	Mothers of disabled children	Female	11	Qualitative	N/A	N/A
Bellizzi & Blank (2006)	Breast cancer	Female	224	PTGI, Brief COPE and others	UP	UP
Joseph et al (2006)	Various (2 studies)	Mixed	1- 336 2- 40	10-item CiOQ (2- PTGI)	PTGI (n=40) 54.6	22.8%
Linley & Joseph (2005b)	Funeral Directors	Mixed	78	PTGI, CiOQ	39.88 (27.79)	UP
Salo et al (2005)	Political prisoners	Male	275	PTGI	UP	UP
Morris et al (2005)	Students	Mixed	219	PTGI	52 (21.4)	UP
Sheikh & Marotta (2005)	Cardio- vascular disease	Mixed	124	PTGI	56.8 (24.2)	UP
Urcuyo et al (2005)	Breast Cancer	Female	230	BFS, COPE	36.58 (10.66)	UP
Norlander et at (2005)	Various	Male	90	PTGI	UP	UP

Linley et al (2005)	Vicarious impact on trauma therapists	Mixed	85	PTGI, CiOQ	47.77 (22.65)	UP
Rieck et al (2005)	Various	Mixed	219	PTGI	51.97 (21.40)	UP
Pakenham (2005)	Multiple Sclerosis	Mixed	404	BFS and other scales	BFS: 3.32 (0.64) item mean	46.3%
Fortune et al (2005)	Psoriasis	Mixed	95	COPE	10.2 (3.2)	18%
Widows et al (2005)	Bone marrow transplants	Mixed	72	PTGI	64.67 (21.3)	##
Vazquez et al (2005)	Earthquake survivors	Mixed	115	Qualitative	N/A	N/A
Bower et al (2005)	Breast Cancer	Female	763	Meaning Scale	UP	UP
Ai et al (2005)	Students post 9/11	Mixed	457	Several non-PTG scales	N/A	N/A
Lev-Weisel et al (2005)	Childhood sexual abuse	Female	93	PTGI	UP	UP
Joseph et al (2005)	Various	Mixed	176	PTGI, PBS & TS	UP	UP
Arnold et al (2005)	Trauma therapists	Mixed	21	Qualitative	N/A	N/A

Milam (2004)	HIV/AIDS	Mixed	1:835 2:434	PTGI	Approx 4 at times 1 & 2. SD < 0.8	59%
Blaszczak (2004)	Serious RTAs	Mixed	52	Qualitative	N/A	N/A
McGregor et al (2004)	Breast Cancer	Female	29	BFS	UP	UP
Salo et al (2004)	Political prisoners	Male	117	PTGI	UP	UP
Weiss (2004b)	Cancer	Female	72	PTGI	58.4 (24.3)	UP
Oh et al (2004)	Breast cancer	Female	108	PTGI	**47.8 (27.1) 42.9 (29)	UP
Sheikh (2004)	Heart disease	Mixed	110	PTGI	55.85 (24.19)	UP
Bates et al (2004)	Various	Mixed	129	PTGI	44.2 (22.7)	UP
Smith & Cook (2004)	Various	Mixed	276	PTGI	UP	UP
Salter & Stallard (2004)	Child RTA survivors	Mixed	158	Various non-PTG scales, and qualitative	UP	42%
Bellizzi (2004)	Cancer	Mixed	74	PTGI	See footnote	UP
Ho et al (2004)	Cancer	Mixed	188	PTGI	UP	UP
Manne et al (2004)	Cancer, and partners	Female (& partners)	162 of each	PTGI	See footnote	UP

Park & Fenster (2004)	Various	Mixed	94	SRGS	UP	UP
Schulz & Mohamed (2004)	Cancer	Mixed	105	BFS		
Weiss (2004a)	Partners of cancer survivors	Male	72	PTGI	47 (22.9)	UP
Milam et al (2004)	Adolescents	Mixed	435	Adapted PTGI	3.56 (0.71)	30%
Sodergren et al (2004)	Chest Clinic patients	Mixed	197	SLQ	12.12 (8.44)	N/A
Frazier et al (2004)	Sexual assault	Female	171	Own scale	Varying with time	Varying with time
Pakenham et al (2004)	Asperger's caregivers	Mixed	2	Content Analysis	UP	100%
Carver & Antoni (2004)	Breast cancer	Female	330 (96)	Benefit finding measure	UP	UP
Tomich & Helgeson (2004)	Breast Cancer	Female	364	Benefit finding measure	UP	UP
Helgeson et al (2004)	Breast cancer	Female	287	Various	UP	UP
Wild & Paivio (2003)	Students	Mixed	193	PTGI		
Davis & McKearney (2003)	Students	Mixed	89	Various		

Lev-Wiesel. & Amir (2003)	Holocaust survivors	Mixed	97	PTGI	UP	UP
Sears et al (2003)	Cancer	Female	58	PTGI	58.4 (25.8)	UP
Cadell (2003)	HIV./AIDS Caregivers	Mixed	176	PTGI	62.31 (24.64)	81.8%
Cadell et al (2003)	Bereaved HIV/AIDS Caregivers	Mixed	174	SRGS & PTGI	UP	UP
Powell et al (2003)	Balkan war refugees	Mixed		PTGI		
Hall (2003)	Child Abuse	Women	55	Qualitative	N/A	N/A
Woodward & Joseph 2003)	Child Abuse	Mixed	29	Qualitative	N/A	N/A
Linley et al (2003)	Vicarious impact of 9/11	Mixed	108	PTGI	11.93 (14.69)	N/A
Lechner et al (2003)	Cancer	Mixed	83	PTGI	* 54.2 (27.2)	UP
McCausland & Pakenham (2003)	HIV/AIDS and carers	Mixed	46, 64	Content analysis	UP	90%

Note:

\* = figures derived from recalculation of descriptive statistics in Stanton et al (2006)

\*\* = the first figures are for women whose cancer did not recur, the second for those where it did

## = 'Common' (Exact figures not published)

BFS = Benefit Finding Scale

CiOQ = Changes in Outlook Questionnaire

COPE = COPE Questionnaire

ITSIS = Impact of Traumatic Stressors Interview Schedule

PBS = Perceived Benefits Scale

PTGI = Posttraumatic Growth Inventory (range = 0-105)

PTGI-S = 13 question short version of PTGI (range = 0-65)

RTA = Road Traffic Accident

SLQ = Silver Lining Questionnaire

SRGS = Stress Related Growth Scale

TS = Thriving Scale

UP = Unpublished, i.e. not shown in the reference (usually sub-scores published rather than total). Prevalence is often unpublished due to lack of clear consensus as to what score counts as PTG.

Manne et al (2004) study: PTGI scores for the women with cancer rose from 49 (25.7) at Time 1 to 55.7 (24) at Time 3, 18 months later. For their partners the scores rose from 33.8 (22.3) at Time 1 to 39.7 (25.9) at Time 3

Bellizzi (2004) study: PTGI scores were 62.18 (17.75) for the 'young' group, 61.40 (26.03) for the 'mid-life' group, and 38.83 (22.25) for the 'older' group.

Data is missing from four of the studies in the above table due to difficulties in accessing full copies of relevant papers that had only come to light late in this study.

Examination of the literature since Linley & Joseph's (2004) review demonstrates a steady empirical development in the last three years, with some extension of our understanding of the presence of PTG in a growing range of populations, how PTG relates to a number of variables, and details of some of the processes involved, all discussed in the remainder of the chapter. However, the lack of purely qualitative or mixed-method studies is noticeable and disappointing, as qualitative methods may be well placed to identify specifics that still remain unclear, for example the details of some of the processes involved, such as what, if any, aspects of social support actually promote PTG and how does this happen? Such qualitative data could also help point the way towards the appropriate quantitative measures to use in an investigation.

### 3.6.5 Recommendations arising from the reviews

Whilst more has been discovered about the dynamics of PTG and the variables involved since the Linley & Joseph review (e.g. see 3.6.3), the main gaps in the findings still continue to be those that require large-

scale and expensive studies (e.g. prospective longitudinal research of sufficient scale to clarify as yet unclear details of variables, dimensionality and directionality).

Stanton et al's (2006) recommendations for the future development of PTG research remain much the same as when Linley & Joseph carried out their review two years earlier. Linley & Joseph emphasised the need (2004 p.18) for greater methodological rigour and consistency, and the use of well-validated measures on PTG research (see 3.9 below), also recommending (2004 p.19) five research priorities that will all be explored further in this thesis:

- The associations between growth and distress, especially longitudinally (see 3.12.1)
- The process of growth over time, both developmentally and longitudinally (see 3.12.2)
- More work exploring variables (see 3.13 ff)
- More comprehensive theoretical models that account more for the variables (see 3.10)
- Perhaps most importantly, the potential clinical applications (see 15.4.3 ff)

Stanton et al (2006 p.42) add further emphasis to the need to understand the emotional, cognitive and motivational processes involved (see 3.11 ff), principally through longitudinal multi-method studies. Such studies also have the potential to clarify much that is uncertain about directionality and causality and are of particular practical relevance as they are more likely to be able to clarify key "points of potential therapeutic leverage" (Linley & Joseph 2004 p.19). Additionally, dimensionality has also yet to be firmly established (see 3.8.2), i.e. whether PTG is a uni- or multi-dimensional construct.



Whichever it may be has implications for where research needs to be focussed, i.e. within the broad domain of growth, or within a range of lower-order domains such as self-understanding, optimism, etc.

### **3.7 Methodological issues in PTG**

This chapter continues with an exploration of some of the methodological issues involved in PTG (also see chapter 5), such as measurement and validity, before consideration of the predominant PTG model and consideration of elements of PTG. The three most common areas of (interlinked) methodological problems are in the assessment and measurement of PTG, the distinction of the various elements involved in PTG, and in clarifying the ‘validity’ or otherwise of PTG effects. Quantitative measurement is discussed below in 3.9 (qualitative is discussed more in 5.4), and the difficulty of separating out the various elements of PTG is referred to at several points in this thesis, though in itself does not require further discussion other than to note that some of the distinctions involved are arbitrary, albeit helpful for supporting theory and study. The question of the validity of reported PTG is gone into at some length in the next section, beginning with the question of what is PTG and its prevalence, and then considering the possible processes involved in reports of PTG and the implications of those processes.

### **3.8 Defining the existence of PTG**

The definition of PTG in 3.4 focuses on a range of positive outcomes arising from a particular type of psychological process. Both this set of outcomes and the process involved are called posttraumatic growth. ‘Growth’ – both as a noun and a verb - implies a development of some kind, in this case in response to a traumatic experience.

### 3.8.1 Prevalence

Study findings suggest that PTG is very common - perhaps even 'normal'; and that it does not seem necessary to be an extraordinary person in any other way to experience growth from trauma (Parapully et al 2002 p.35). Calhoun & Tedeschi's recent (2006b p.15) review of the empirical data shows a wide range of PTG prevalence reported, with the more common ranges being between 30% and 80%, in contrast to PTSD effects of between 5% and 15% (Janoff-Bulman 2006 p.82). The wide range of PTG appears to stem from variations in both methodology and sampling, the longer history of study of PTSD as opposed to PTG perhaps explaining why the PTSD range is more defined.

Although there is a lack of consistency in the measures and methods used amongst the studies (see 3.9.3), the presence of PTG has been established in a wide variety of areas (see table 1 above). Since Linley & Joseph's 2004 review, PTG has also been established in survivors of childhood abuse (e.g. Woodward & Joseph 2003), survivors of the Balkan wars (Powell et al 2003), people with HIV/AIDS and their caregivers (Milam 2004), earthquake survivors (Vazquez et al 2005) and SARS survivors (Cheng et al 2006) amongst others. Also of note are an increasing number of studies where PTG is observed in others close to the people concerned, e.g. trauma therapists (e.g. Linley et al 2005) and partners and caregivers (e.g. Manne et al 2004, Thornton & Perez 2006).

The growing range of these findings supports a key hypothesis in the literature (Shaw et al 2005 p.2) that where there is trauma and adversity there can be damage to those concerned, but there can also be the

potential for growth. Very different events can have a similar potential to trigger transformation, and similar processes may be involved.

### 3.8.2 What are PTG outcomes?

What are these outcomes that are collectively called 'growth'? An important and yet to be fully resolved issue in the PTG field is whether it is a unitary or a multi-dimensional construct. Current findings are mixed. Calhoun & Tedeschi (2006b p.5) continue to argue for the five factor approach that their PTGI scale uses, though where multiple dimensions are identified, these change with sample, stressor and scale, and possibly other factors as yet unclear, which may account for some of the mixed findings (Park & Lechner 2006 pp.56-57). Findings supporting uni-dimensionality often have second-order components similar to the multi-dimensional models (e.g. Joseph et al 2005).

Aside from the dimensionality issue, there does appear to be a broad consistency amongst the available findings, and particularly the qualitative data. The research findings of positive outcomes are grouped in the literature in a number of ways, but can be loosely gathered into those concerning the individual themselves, and those involving others. Reviewing the range of existing research at the time, Calhoun & Tedeschi (1999 pp. 11-16) similarly identified three major life domains where PTG is experienced:

- Changes in relationships with others
- Change in the sense of self
- Change in philosophy of life

Most authors since have appeared to arrive at these three domains, though some collapse these into changes in self and relationships with

others. These domains do not easily lend themselves to measurement. Calhoun & Tedeschi argue (2006b p.7) that the perhaps obvious utilitarian view focussing on a decrease in distress and an increase in well-being may miss some of the more abstract and harder to measure existential outcomes such as changes in attitudes and life-philosophies.

Park (1998 pp.157-8) discusses problems with agreeing definitions of ideal functioning or growth, using examples that were taken as positive by the subjects themselves and therefore by researchers, but that may not be considered positive outcomes in other contexts. For example, survivors of sexual assault (e.g. McMillen 1999 p.461) report being more vigilant and cautious and less trusting as a positive thing, similarly for mothers of abused children, and for women abused as children (Hall 2003 p.657). As such, the question of the relationship between PTG and actual adjustment may depend on how adjustment is defined and measured.

Another issue is the difference between growth and posttraumatic growth. If people can be assumed to be 'growing' all the time, is the posttraumatic growth in any particular domain greater or different than that which may have occurred without the trauma? The research data overwhelmingly suggest that this is the case, but at least part of this may be a function of the questions asked, for example "how much more has the experience made you value your partner?" compared to "how much do you value your partner?" Some of the longitudinal prospective studies (see 3.6.4. above) have begun to clarify some of the links between PTG and observable outcomes and behavioural changes, but more such studies are needed, preferably with matched controls (Thornton & Perez 2006 p.294).

### 3.8.3 Self-reported growth

Park (2004 pp.70-71) differentiates between three (non-exclusive) views of reported traumatic growth. The first is that there is 'real' change, i.e. measurable transformative changes either as an outcome or an ongoing process. In this context it is worth noting Smith & Cook's findings (2004, in a study using collaterals) of under-reporting of PTG effects.

The second view is that such 'growth' may be an automatic unconscious defence/denial response and essentially illusional, unconsciously designed to either enhance the person's sense of coping or reduce/deny the impact of the trauma. For example, there are a number of studies (reviewed in Park & Lechner 2006 p.62) that show that people post-trauma report more negatively of their pre-trauma selves than control groups.

Related to this, and in respect to both the range of available or accepted discourse, and the functional nature of people's narratives, Lechner & Antoni (2004 p.40) caution against completely taking PTG reports at face value, particularly in light of what they call the 'tyranny of positive thinking' (ibid pp.39-40) that they see as prevalent in the USA in some areas of adversity, e.g. people with cancer or AIDS.

The third kind of apparent growth may look similar to the second, but is a conscious and deliberate coping effort where the person strives to make the best of it. Such benefit-finding and positive framing is well-supported in the literature (see following paragraphs and 3.11.3), e.g. Taylor & Armor (1996 pp.882-5) discuss a range of research that supports the 'real' benefits of thinking positively, for example that people

with high self-esteem are more likely to attempt to address challenges, and manage them more successfully.

These three perspectives are not exclusive of each other, and indeed it is likely that all are involved to some extent in response to trauma, the question is to what extent and with what impact? Benefit-finding does support measurable changes, and even denial may have a (temporary) adaptive purpose in protecting the person from being overwhelmed (Maerker & Zoellner 2004). Some authors (e.g. Thornton 2002 p.155) consider benefit-construal, benefit-finding or perceived benefits (interchangeable to Thornton) to be in themselves the centrally important element of PTG, and that the reality or otherwise of a positive view is less important than the impact of that view, and that it is sustained (ibid p.162).

However, the data is clear (see reviews in 3.6.3. and 3.6.4 above) that avoidance-oriented approaches such as the second above do not generally support PTG and may even be detrimental in the long run through hindering cognitive-emotional processing by removing the impetus to do this (Zoellner & Maercker 2006 p.348), whereas approach-oriented ones such as the third approach do, indeed intentional engagement with the stressor is a prerequisite for PTG (Stanton et al 2006 pp.166-7).

#### 3.8.4 Benefit-finding as a coping mechanism or a strategy?

Aldwin (1994a pp.xi, 81-2) draws attention to the common confusion in the research between emotional reactions, coping styles and coping strategies, a point reaffirmed a decade later by Linley and Joseph (2004 pp.18-19). Some studies have been able to differentiate these elements

to some extent, e.g. Thornton & Perez's (2006 p.292-3) longitudinal study of men with prostate cancer and their partners, which suggest that benefit-related coping and benefit-finding may be distinct constructs.

McMillen et al (1995) describe three groups of theoretical explanations for why there may be a relationship between perceived benefit and adjustment to an experience. The first is directly causal, in that events framed positively may be reduced in both their perceived impact and their actual impact. Secondly any effects may be causal, but less direct, for example as a side-effect of the development in personality or social relations that is connected to successful coping with the experience. Lastly, perceived benefit may be nothing more than itself a marker of good coping and adjustment. Again, as in the above section, it is likely that all three processes can be involved to some extent.

### 3.8.5 Does positivity make a real difference?

Lechner & Antoni (2004 pp.35-36) discuss a number of studies using biological markers (e.g. serum cortisol) that show how these were mediated by PTG. Stanton et al's (2006 pp.164-5) review concludes that PTG may be associated with alterations in a range of physiologic function, and that this is a promising area for future research.

Of interest is a large longitudinal survey (n=720 at the 64 year point) discussed by Ai & Park (2005 p.244). The Terman Life-Cycle study of high ability children over a seventy year period demonstrated that pessimism and 'catastrophising' predicted mortality (particularly amongst men) and in particular predicted traumatic or violent death.

To summarise, despite some methodological issues in terms of consistency amongst much of the existing research, there is an established level of support for the view that a fundamental relationship between reported PTG and 'actual' adjustment does exist (Park 1998 p. 172).

### **3.9 Measurement**

The issues identified by Linley and Joseph in their 2004 review (p.14) still apply, specifically that prevalence of PTG in general or in particular cases can be hard to accurately establish due to the sampling techniques and the methodology used, notwithstanding definitional issues relating to what is PTG (Calhoun & Tedeschi 2004 pp.96-7). Thornton (2002 p.154) is one of a number of authors who draws attention to the difficulties in integrating the literature due to the variations in definition and methodology.

It is difficult to establish agreed measures in any new area of inquiry, quantitative or qualitative. Measures are necessary to explore and clarify exactly what PTG involves, and it is also necessary to be clear about what PTG actually involves before it is possible to have confidence in the measures. Where all this is slightly less problematic is where there are studies where events can be predicted in advance, for example, major surgery or the progress of disease (e.g. Widows et al 2005), and where more concrete outcomes can be assessed, such as the impact on subsequent physical health (e.g. a number of the HIV/AIDS and cancer studies).



### 3.9.1 Qualitative approaches

Qualitative approaches are particularly well-suited to explicating PTG processes. The benefits of such approaches in researching PTG and some of the methodological issues involved are discussed further in the methodology chapter (from 5.4 onwards), rather than in this chapter. The rest of this section considers quantitative measurement at some length, as this was considered a key area for improvement in the critical reviews explored above in 3.6.2 and 3.6.3.

### 3.9.2 Quantitative approaches

Park & Lechner (2006) identify a range of problems with quantitative approaches in general and the currently available PTG options in particular. As well as the problems mentioned below with varying psychometric validity (including the limited populations concerned, often students) and the largely unipolar response scales, none of the scales are comprehensive enough to cover all domains of growth in all populations (and could not practicably be), they do not allow for already high levels of functioning (e.g. people who already have excellent relationships), they are all retrospective and therefore vulnerable both to memory and to attribution biases, and they all rely on reported rather than observable changes. Additionally, most are not designed for use in longitudinal studies prior to the event, allowing for pre- and post-event comparisons. However, all of these issues are potentially resolvable.

### 3.9.3 PTG instruments

Linley & Joseph (2004 p.12) identify seven published instruments that can be used to measure PTG, though all of these are seen as suffering

from a 'bias' towards positive answers, a criticism of a number of authors (e.g. Park 2004 p.70) who see the accurate (i.e. inclusion of PTSD effects also) capture of any growth phenomenon as critical to this area of study. Without this, a negative impact can score the same as no impact. However, Calhoun & Tedeschi (2006b p.19) dispute whether this compromises the utility of existing scales such as the PTGI, arguing that there is evidence that this is not the case. There are also a large range of other non-published PTG measures, many developed uniquely for a particular study.

The two most common measures identified in Linley & Joseph's (2004) review were the 21 item Posttraumatic Growth Inventory (PTGI, Tedeschi & Calhoun 1995) and the various versions of the Stress Related Growth Scale (SRGS, see Park & Lechner 2006 pp.51-52 for details). Park & Lechner (2006 p.51) in their review of PTG measurement issues consider that these two and the Benefit Finding Scale (BFS, Tomich & Helgeson 2004) are the only ones that had been satisfactorily psychometrically validated at that time. As can be seen from the updated literature review in Table 1 above, the PTGI has clearly now become the most popular scale for measuring PTG. However, even in the literature noted above where the PTGI is used, there is still variety in how the data is published (e.g. whether the mean is of the total score or individual domain or question scores or even how many points there are on the Lickert scales) that can make it hard to readily compare study findings.

Due to the presence of both negative and positive outcomes together and changes in the make-up of these over time, there is an argument for scales that measure negative affect as well as positive, particularly as PTSD and PTG have been demonstrated to represent separate

dimensions of experience rather than opposing ends of a continuum (e.g. Joseph et al 2006b and see 3.12.1). It is also possible that solely having positive options may introduce a positivity bias. Possibilities could be the revised SRGS or Joseph et al's (2006) Changes in Outlook Questionnaire, the brief version in particular having potential for use where time or participant 'overload' is an issue. Alternatively, measurement could be with separate and established scales (e.g. Hewitt 2002).

Another measurement issue that has yet to be resolved is how much positive change represents PTG, i.e. what is the cut-off score on some of the measure discussed? Oh et al (2004 p.52) refer to a norm (on overall PTGI score) of 75.2, though it is unclear on what basis this is established as a norm. In some studies, any score above zero counts as PTG, but this is not helpful in establishing criteria for measuring growth.

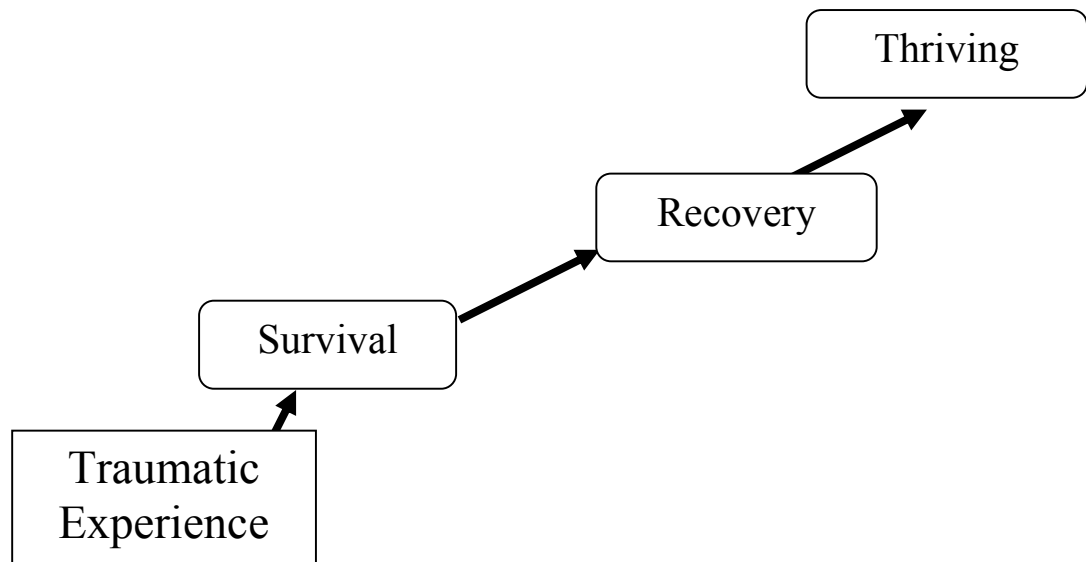
### **3.10 Models of PTG**

There are a number of complementary models of PTG in the literature illustrated in the following sections, differing in their emphases. Some aspects of these have yet to be confirmed by empirical data, particularly the relative importance of components of the models and the details of some of the mechanism involved. After the overview of the main models, some of the elements are discussed in more detail.

#### **3.10.1 Surviving or thriving?**

The most basic models of PTG clarify the range of possible outcomes in response to a traumatic experience.

**figure 1 - The Continuum of Recovery from Traumatic Experiences**



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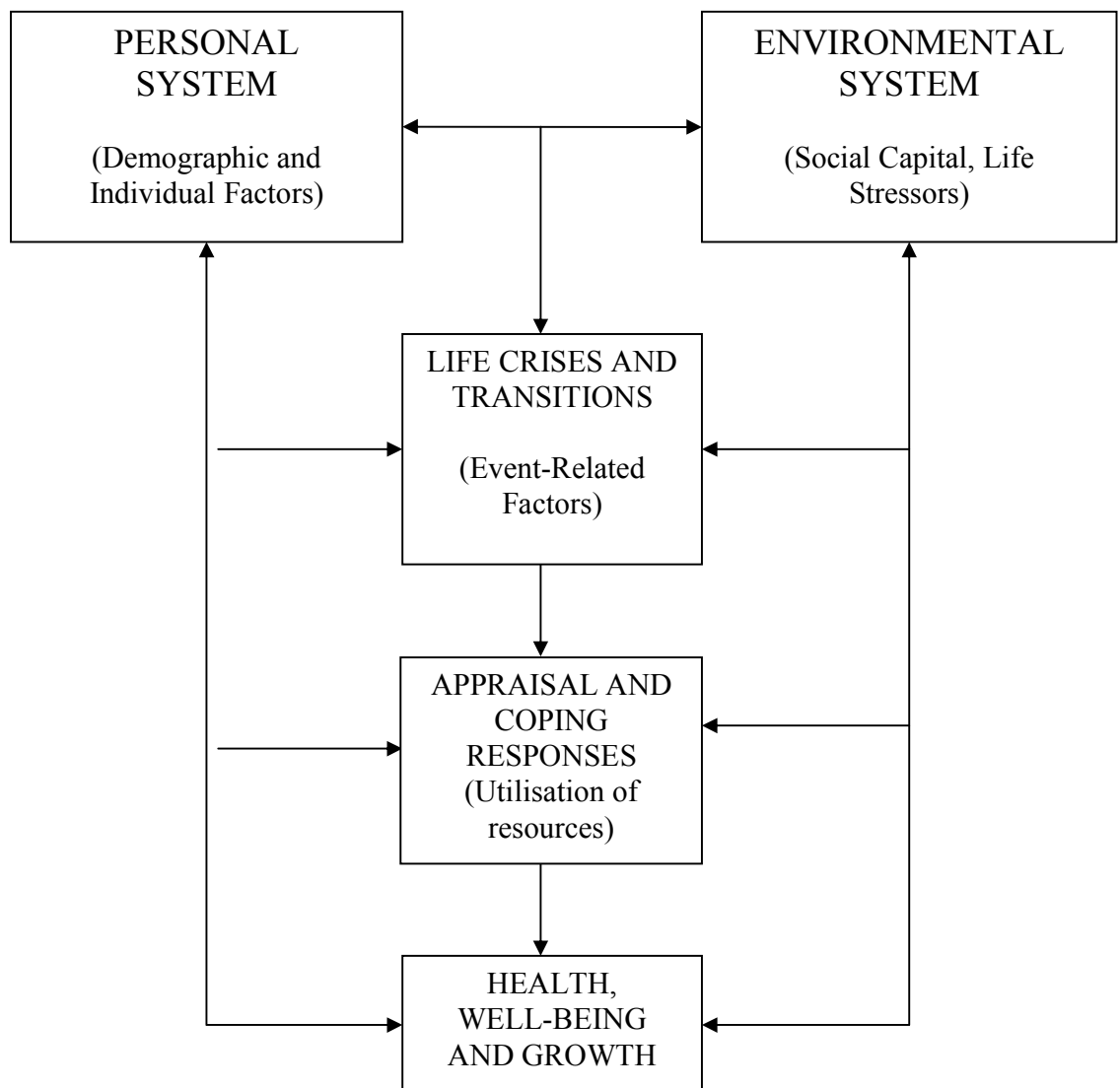
(As PTSD and PTG can coexist (see 3.12.1) it would be incorrect to have PTSD as a distinctly separate pathway in the diagram).

Figure 1 above represents the three possible outcomes outlined by O’Leary & Ickovics (1995 pp.127-8): *survival*, *recovery*, and *thriving*. Those who ‘just’ *survive* never regain their previous levels of functioning, those who *recover* do, but those who *thrive* go beyond coping, and even beyond what may have been expected had there been no trauma. This is conceived of as on a continuum, where people survive before they recover before they thrive. More recent authors see the process as less strictly linear, but make a similar distinction, e.g. Linley & Joseph (2005a) distinguish between *psychopathology*, *resilience* and *adversarial growth*, and Tedeschi & Kilmer (2005 p.233) differentiate between the successful adjustment associated with *resilience* and the transformations associated with *posttraumatic growth*.

### 3.10.2 The interaction between the person, the stressor and the environment

There are a number of theoretical models describing the process of PTG. The more common ones are variations on that outlined by Holohan et al (1992 pp.26-7) below.

**Figure 2 – Conceptual model of the coping process**

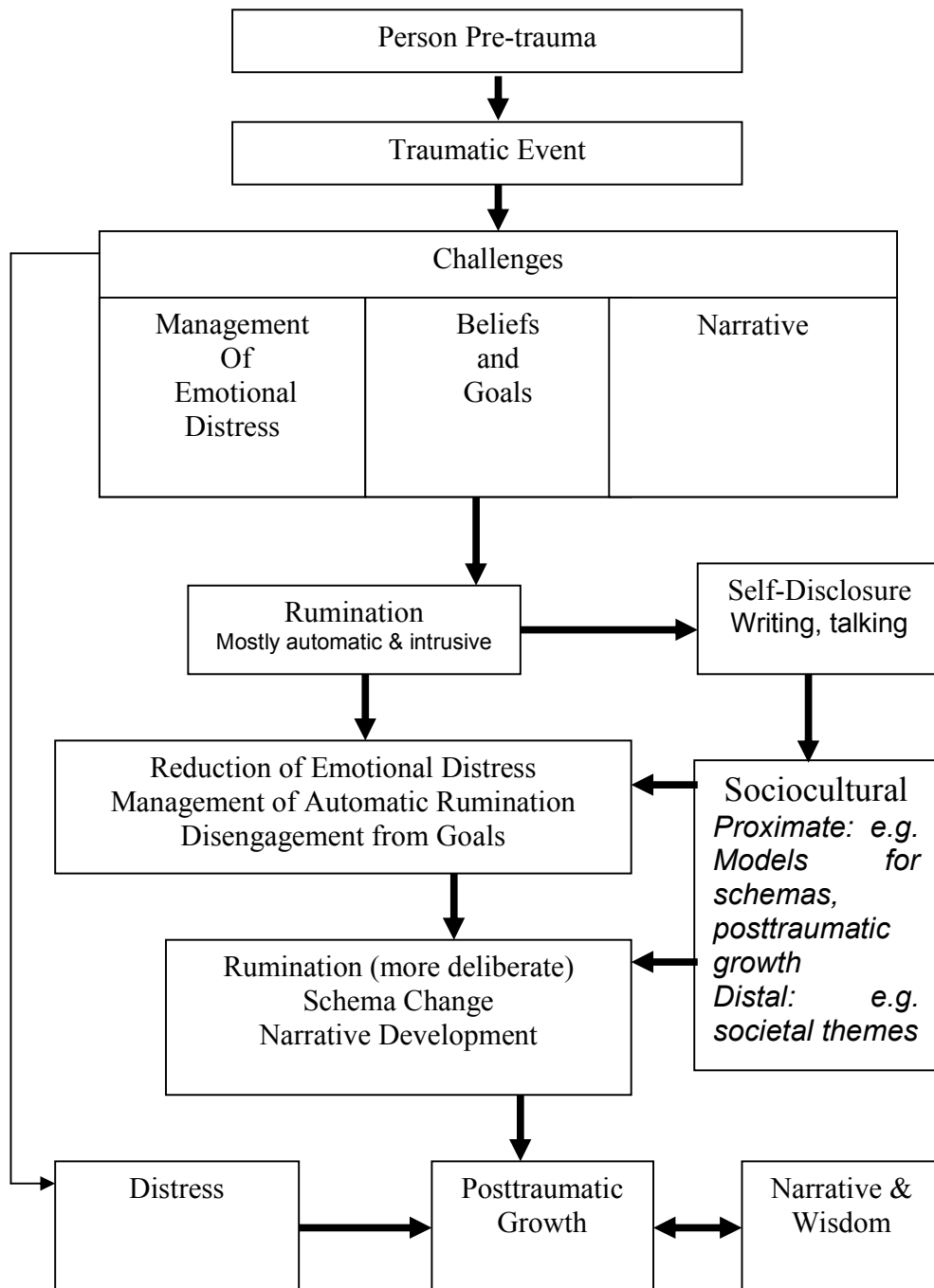


This model begins with the key (and interacting) factors of the person and their environment. These interact in turn with the traumatic event, cognitive appraisal and coping responses take place, and these result in a level of health and well-being, which will in turn affect both the person and their environment. This is similar to Aldwin's *transactionist* model (1994b pp.7-8) from the stress, coping and adaptation literature. Aldwin & Levenson (2004) later showed that the earlier view in the literature that personality predispositions were the main influence on coping, needs extending to reflect a more complex picture involving the situation and the resources available to the person

### 3.10.3 Mechanisms of PTG processes

Figure 3 overleaf has more of an emphasis on the processes involved that support PTG. It is possible that there are different combinations of processes involved in the range of different outcomes, for example a greater involvement of socially mediated processes in social outcomes (McMillen 2004). Calhoun & Tedeschi's description of the processes involved follows the diagram and is quoted at length as it is a particularly concise summary.

**Figure 3 - A model of posttraumatic growth processes**  
(Calhoun & Tedeschi 2006b p.8)



“The crisis severely shakes the foundation of the individual’s worldview. There is a significant amount of cognitive turmoil and emotional distress. There is a large amount of ruminative thought devoted to trying to restore some degree of cognitive balance, and there is an increase in coping devoted to reducing the level of emotional distress. Social influences may serve to enhance or impede the process of adaptation and of possible posttraumatic growth. For many clients, posttraumatic growth is incorporated into the individual’s identity and life story, with the event serving as a marker event that divides the individual’s life into a before and after. The pre-existing personality may have an effect on the likelihood of posttraumatic growth...” (Calhoun & Tedeschi 1999 p.22)

Also, “...there is an acknowledgement that existing beliefs, goals and behaviour do not work very well after the trauma has changed things, producing in the trauma survivor a culling of beliefs, goals and behaviours. A cognitive and emotional disengagement from what has been culled must then be accomplished, with a development of replacements for what has been lost. A personal narrative is then produced that incorporates life before the trauma, the struggle with the ensuing changes, and the new way of living, and with this narrative comes a change in identity. This transitory process often involves transitory symptoms of anxiety, depression, or PTSD.” (Tedeschi 1999 pp.321-2)

### **3.11 PTG processes**

In terms of processes, as opposed to outcomes or impact variables, the two key and related elements in most models are schema reconstruction, and coping and appraisal, both discussed in the following sections. Neither of these easily lend themselves to



quantitative investigation, and much of the evidence for them comes from qualitative methodologies and existing psychological theory from other areas than PTG.

#### 3.11.1 Schema reconstruction in PTG

Central to many of the models of PTG (e.g. Janoff-Bulman 2006 pp.83-6) is the idea of *schema change*. This schema or 'world-view' is the working structure of our fundamental assumptions about the world and ourselves that we use to organise our experiences and anticipate outcomes. This is often shattered by traumatic experiences. The subsequent schema reorganisation has the potential for PTG as new schema are apt to become more structurally complex and less simplistic and absolutist (ibid p.91). Wortman (2004 p.85) however, suggests that schema reconstruction may not be central, but that threats to mortality may actually be key. The empirical data appears to support this (see 3.6.3). This is of particular relevance to addiction where there is often significant exposure to and risk of mortality.

#### 3.11.2 Coping

*Coping* is at the heart of PTG, indeed "...the growth emerges from the struggle with coping, not from the trauma itself" (Tedeschi & Calhoun 2004a). Bellizzi & Blank (2006 pp.47 & 53) discuss the support for coping as involved in PTG, concluding from their detailed study of over 200 women with breast cancer, that coping accounts for 12% to 21% of the variance in psychological growth. Coping is essentially about how people deal with stress. Whilst coping strategies can be learnt and improved, they are also directly related to a number of personality variables (see 3.13). Coping can be *problem focussed*, aimed at directly

changing the stress in some way, or *emotion focussed* and concerned with changing how the person feels about said stress. Coping strategies also roughly divide into those that are about *avoiding* the issue, and those that are more *adaptive* or *approach-oriented* and seek to address the issue.

The evidence in the key reviews is that approach-oriented strategies such as problem-focussed coping, active acceptance, and positive reappraisal are all positively associated with PTG (Linley & Joseph 2004 p.16, Stanton et al 2006 pp.160-1), whereas avoidance strategies (e.g. distraction) are not. Avoidance strategies can be useful in the short term to avoid being overwhelmed, but are not effective in the long run.

Perhaps a key principle of coping is to recognise what kinds of strategies are appropriate for what kinds of experiences; “As adults, hopefully we learn how to differentiate between problems that are essentially uncontrollable, those which will probably resolve themselves, and those for which effort is fruitful.” (Aldwin 1994b p.219) (It is interesting to note the similarity in this to the AA Serenity Prayer: “God grant me the serenity to accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference”).

### 3.11.3 Cognitive processing and appraisal

The importance of cognitive processing and appraisal as the core of coping and a factor in PTG is established in the two reviews above (3.6.2 and 3.6.3) and emphasised in Calhoun & Tedeschi’s (2006b pp.17-18) overview. However, the degree of importance of this (compared to social and cultural processes) is disputed by McMillen (2004) and Wortman (2004 p.86).

Park (2004 p.72) differentiates between the kind of conscious and deliberate cognitive processing that is central to the model of growth throughout Calhoun & Tedeschi's writings, and the more automatic processing of unwanted thoughts, etc, that is associated with PTSD. Where there is the potential for more work is in deepening understanding of the mechanisms of these cognitive processes, and some empirical examination of what interventions or environments may support them, and it is in this latter area that there may be something to contribute from existing knowledge on coping and change in other areas, e.g. addiction. Qualitative approaches may be best placed to tease out some of these details.

One example of an adaptive emotion-focused strategy is positive reappraisal, where the person actively processes the impact of the experience, trying to create positive meaning and focussing on growth. Sears et al (2003) establish the importance of positive reappraisal coping (as distinct from benefit finding) in their longitudinal study of women with cancer. Affleck & Tennen (1996) make a distinction between *benefit-finding* – which they view as a question of belief or attitude, and *benefit-reminding*, which they see as a conscious coping strategy, though presumably both are potentially of benefit.

#### 3.11.4 Rumination

Nolen-Hoeksema & Davis (2004) explore in more depth the emphasis in the PTG literature on cognitive mechanisms involved in processing the traumatic experience. They particularly focus on the process of *rumination*, but make a clear distinction between the less helpful *brooding*, more associated with PTSD, and the more constructive process of *reflection*. Calhoun & Tedeschi (2006b pp9-10) also focus on

rumination, which they see as synonymous with cognitive engagement and key to the processing of experience that is at the heart of PTG. They also distinguish between a more intrusive kind of rumination in the earlier stages in comparison to the more deliberate and constructive reflection later. Calhoun et al's (2000) study shows that (generally positive) rumination correlates highly with PTG.

### **3.12 PTG over time**

#### **3.12.1 Growth and distress**

The two key reviews (3.6.3 and 3.6.4) report mixed findings as to any relationship between PTG and PTSD effects, with several studies not finding the perhaps expected negative correlation between PTSD and PTG, but rather the coexistence of the two, particularly in the earlier period post-trauma (e.g. Lev-Wiesel & Amir 2003, Tartoro et al 2006 p.51, Widows et al 2005 p.271). The research that preceded this study (e.g. Hewitt 2002) made similar findings, and although this was a cross-sectional study, it did suggest that longitudinally PTSD reduced and PTG increased – though with no specific relationship to each other.

Linley concludes (2004 p.30) that though the existing research is mixed, it does suggest that growth and distress are not opposite ends of a continuum that are mutually exclusive, that they are bivariate rather than bipolar constructs. Tedeschi & Kilmer (2006 p.233) argue that not only is it normal for trauma-related distress to coexist with PTG, but it may even be necessary in order to promote the continual cognitive processing that appears to underlie PTG.

### 3.12.2 Growth over time

Generally, studies (many cross-sectional) suggest (e.g. Linley & Joseph 2004 p.17) growth increases over time, or is at least stable, and that any growth is sustained (e.g. Manne et al's 2004 study of 162 women with breast cancer and their partners), but there is still much work to be done differentiating enhanced growth from what could have reasonably been expected anyway. Additionally it is unclear whether the factor is the length of time in which growth processes can unfold, or the length of time in which growth-promoting experiences can occur, or some mixture of the two.

Noteworthy in this context is the post-recovery reaction where people may report significant growth and benefits closely after traumatic events (Linley & Joseph 2004 p.17). There are a number of possible reasons for this that require further study to clarify. Such reported effects could be 'illusory', part of an avoidance-coping effort. They could also be 'true' and as described, and lastly, they may be a reaction to the cessation of something unpleasant, a 'rebound' effect. Wortman (2004 p.86) discusses a number of studies where what meaning was found in the event, was also found relatively quickly, i.e. in less than two months, and the Linley & Joseph review (2004 p.17) suggests that the period between two weeks and two months is when most PTG happens.

### 3.13 PTG Variables

One of the key issues in the study of PTG is why one person grows at a certain point in respect to a certain event, and another person does not. There is likely to be a complex interaction of a number of elements

involved in the range of outcomes, and some of these are explored in the following pages.

### 3.13.1 Personality variables

PTG findings relating to personality variables have been reviewed in a number of papers (e.g. Linley & Joseph 2004, Stanton et al 2006 pp.159-160). From these findings, of the so-called Big Five dimensions of personality;

- extraversion,
- openness to experience,
- agreeableness,
- conscientiousness, and
- stability (as opposed to neuroticism)

are all positively associated with PTG. Extra to the Big Five are positive associations with:

- greater internal locus of control
- perceived self-efficacy
- dispositional optimism and hope
- hardiness and resilience
- sense of coherence
- more complex cognitive style
- creativity
- ego-resiliency, and
- prior experience of crises

### 3.13.2 Resilience

Lepore & Revenson (2006) view resilience as a personal variable that moderates how people are effected by and adapt to stressful experiences. It therefore moderates subsequent PTG, though there is debate as to whether it increases or decreases PTG (ibid p.29). They identify three related types of resilience (ibid pp.24-27):

- Recovery – the ability to return relatively quickly to ‘normal’ functioning
- Resistance – the ability to minimise the impact of the stressor (controversial as a ‘good thing’, as against dominant discourse of feeling and expressing distress)
- Reconfiguration – adapting

Whilst these may be positive outcomes, it could be the very effectiveness of these abilities that undermines PTG, particularly if it is the struggle to cope itself that gives rise to PTG. This does raise the issue that PTG is not the only positive outcome, that successful homeostatic coping as opposed to stress-related growth is an acceptable outcome, indeed possibly a preferable one to many.

Tedeschi & Kilmer (2005 pp.231-4) discuss resilience at some length, highlighting the variables identified from the research. Connections with competent, caring adults in the family and community, good intellectual functioning, self-regulation skills, and positive self-views and self-system functioning are among the most consistently reported variables. It is interesting to note that not many of the above are traditionally associated with people addicted to alcohol or drugs.

### 3.13.3 Demographic variables

There is a sociological perspective (e.g. Blankenship 1998 pp.396-7) that race, class and gender are all significant, as the potential for thriving – and for that matter the challenges in life – are not evenly distributed throughout society (see 2.9). The findings on the relationship between demographic variables and PTG are discussed above in the reviews in 3.6.3 and 3.6.4. In addition, there is some discussion in the following paragraphs on aspects of certain demographic variables that are not discussed in those summaries. Generally, this is where the findings are mixed, probably because there has yet to be sufficiently sophisticated exploration and analysis of components of the variables involved.

#### 3.13.3.1 Culture

Ho et al (2004) note how the individualised emphasis on changing one's priorities and finding a new path in life for oneself may be at odds with more collectivised cultures. Park & Lechner (2006 p.58) question whether the emphasis in the PTG literature on religious and spiritual development may also be a product of bias, in that most of the study samples are from the USA, whereas in other countries religion may not be so prevalent. Morris et al (2005 pp.582-3) found lower mean total PTGI scores and lower scores on the spirituality sub-scale between their Australian (student) population and US populations, though it is not clear how these equated on other factors such as nature of event. They also noted that generally US studies reported higher PTG than other countries. Shakespeare-Finch & Copping (2006) noted similar differences using Grounded Theory between US and Australian populations. This and other cultural differences warrant further exploration.



#### 3.13.3.2 Coping and social support

The findings related to social support are complex and varied (Linley & Joseph 2004 p.16), suggesting that some aspects of social support (e.g. perceived social support or satisfaction with social support) may be more relevant than others. Social support in general is associated in some studies with a wide range of well-established positive outcomes, even influencing biological variables (for examples see Lepore & Revenson 2006 p.33). However, in broad terms it is not consistently associated with PTG, rather it is specific aspects that are associated. A methodological issue with this area is that causality and direction of influence are unclear, e.g. that PTG may 'alter' perception of relationships, as opposed to good relationships promoting PTG. Carefully designed longitudinal studies should be able to begin to pick this apart.

#### 3.13.3.3 Religion and spirituality

Shaw et al's (2005) review of 11 empirical studies on religion, spirituality and PTG includes references up to 2003. Subsequent studies that have considered religion and spirituality as variables are included in Table 1 in 3.6.4 and support Shaw et al in concluding that there is (usually) a relationship between religion/spirituality and trauma, in that religion/spirituality helps deal with trauma and can increase the likelihood and extent of PTG, and that traumatic experiences can deepen and extend people's experience of religion and spirituality. Shaw et al also identify a number of specific factors involved in religion and spirituality that are positively associated with PTG – for example, readiness to face existential questions and religious participation - and

suggest that future research hones down more on some of these specific variables.

#### 3.13.4 Event variables

PTG studies have involved a wide range of stressors, some acute, some chronic, some more manageable in their impact than others. There is still a lack of studies establishing the relevance of event variables, again due to the lack of consistency of use of recognised and agreed scales on the one hand, and the variety of conditions involved in events on the other. The prevailing view appears to be that most traumatic events contain the potential to act as triggers for PTG

Linley and Joseph (2004 p.15) suggest that the subjective experience of the event may be more relevant than the event itself, in which case some event variables may be less significant. The findings in the next paragraph appear to support this view. Similarly Janoff-Bulman (2006 pp.85-6) argues that it is not so much the trauma in the 'real' world that is the issue, but the trauma and damage to the person's schema, to their view of the world as safe and predictable. On the other hand, Park & Fenster (2004 p.209) established that changes in world-view did not underlie PTG, though the kinds of problems experienced by their student sample (the majority were academic or romantic relationship problems) may not be as likely to have the schema-shattering impact of the events covered in other studies.

More specifically, key reviews and subsequent studies (e.g. Calhoun & Tedeschi 2006b p.9, Linley & Joseph 2004 p.15, Maguen et al 2006 p.384, Stanton et al 2006 pp.157-8) suggest that the more serious (i.e. life-threatening) the stressor, the higher the PTG, though Davis &

McKearney (2003) argue that this is a defensive reaction. Additionally, at a certain point more extreme trauma may undermine PTG functioning (Calhoun & Tedeschi 2006b p.9). Stanton et al go on to conclude (2006 pp.165-6) that “substantial perceived impact” is one of the two key conditions for PTG (intentional engagement with the stressor being the other).

This implies a requirement for the ‘level’ of event-impact that divides life into a ‘before’ and ‘after’, very common where addiction is concerned. However, the cross-sectional and retrospective nature of almost all the studies allows for the possibility that the more people change after an event, the more they may consider the event as severe (Morris et al 2005 p.583).

An as yet unanswered question is whether or how PTG differs with chronic traumas, for example certain medical conditions that vary over time in their severity and impact (Fortune et al 2005), similar to addiction.

### **3.14 The trauma of addiction**

Addiction can be a traumatic experience, albeit usually of a chronic rather than an acute nature (e.g. Hewitt 2002). This trauma can be directly related to the experience of being addicted and not in control (Law et al 2000), or indirectly related to substance use problems (Christo 1997, Cohen et al 2003), for example increased risk of violence, mental health problems, and other associated stressful experiences.

For many, their substance misuse is interwoven with past or ongoing trauma. This may be as a response to other trauma, e.g. childhood

abuse; or to cope with new or ongoing traumas, e.g. sexual assault or violence. In general, studies consistently show that substance misusers have over twice the rate of lifetime exposure to traumatic events than the general population (Christo & Morris 2004), with perhaps a third to a half potentially diagnosable with PTSD (Schumm et al 2004 p.174), even more so amongst the women (Najavits et al 1998 p.438).

#### 3.14.1 Existing research in PTG with substance misusers

There is still very little research in the PTG area in relation to substance misuse. There are only two studies specifically looking at PTG in recovering substance misusers, and a few more where this applies to a majority of the study. The first is McMillen et al's (2001) qualitative study on positive by-products of the struggle with chemical dependency carried out on a US (n=65) sample still in rehab. As this was with people still in very early recovery, it is unclear how much the reported benefits may have been as a reaction to the contrasting previous state of addiction and/or benefits deriving directly from the treatment process itself, e.g. feeling supported by the therapy group.

The second is the study that preceded and informed this one, a study (e.g. Hewitt 2002) of PTSD and PTG effects (assessed using the IES and SRGS-15) in a sample (n=65) of recovering alcohol misusers in the UK. In this study mean time post recovery was over three years, so any reaction effects were less likely to account for the PTG effects found. Of particular interest were the findings in this study that addiction itself could be the focus of both PTSD and PTG, that PTSD effects were inversely related to time post-addiction, and that there could be a coexistence of PTSD and PTG effects. However, neither of these studies went into much detail on the processes and outcomes involved.

There are a number of other studies that cover similar or related ground. Blankenship's (1998) feminist sociological analysis of thriving was illustrated by field work with drug-addicted women. All of Hall's (2003) female survivors of child abuse were in recovery from substance use problems, though it was the abuse that was the focus of the PTG aspect of the study. There are also significant numbers of individuals with substance use backgrounds in other PTG studies, particularly those involving HIV/AIDS, e.g. Dunbar et al's (1998) study of women living with HIV.

One of the more interesting related studies is Bill Miller and Janet C' de Baca's (1994, 2001) study of *Quantum Change*, i.e. transformations and leaps of personal growth. A number of these were after some trauma or crisis, and some of the sample were people who had had addiction problems. The findings were similar to those in the PTG literature, though what is particularly of note about this study is that the growth was often not related to any identifiable trauma, but sometimes after a seismic event of some kind (e.g. a revelation) that seemed to initiate similar processes of schema reconstruction and cognitive processing to those that underlie PTG.

To conclude, there is a gap in the PTG literature regarding the study of PTG relating to addiction and recovery. The occurrence of PTG in these circumstances has been established, but with little detail as to the processes and outcomes involved. Are they similar to those in other areas of PTG, or different, and in what way?

### **3.15 Summary**

Posttraumatic growth is recognised throughout recorded history, though focussed study is relatively recent and just beginning to develop coherent and consistent agreement as to some of the processes involved. Difficulties persist in fully establishing the nature of PTG, the relationship with the variables involved and where directionality lies, issues that may only be fully resolved with large, detailed, longitudinal and prospective studies. There is a lack of study on the details of PTG related to addiction and recovery.

## **4      Chapter 4 - The research question**

As stated in 2.1, for the purposes of this enquiry 'addiction' is defined as the problematic and damaging use of drugs and/or alcohol, and 'recovery' is understood as the overcoming of addiction as thus defined.

As discussed in Chapter 2, there is a gap in the literature as to 'positive' outcomes associated with 'recovery' from addiction beyond just those of ending the negative experience of addiction. There is some evidence that there are such outcomes, but thriving and growth of this nature is explored in little depth in the addictions literature. Also, as discussed in chapter 3, there are similar gaps in the PTG literature, where there is some initial recognition of addiction as a traumatic stressor and the possibility of PTG post-addiction, but little work on understanding the outcomes, processes and implications involved.

This research is not focussed on establishing the existence of such phenomena, as this has been shown in earlier studies (McMillen et al 2001, Hewitt 2002, 2004), and by definition the very existence of a study sample supports the existence of these effects. However, it is expected that it will also support the previous studies that have found PTG, thus affirming the potential relevance of theories, findings and practices within the PTG area to the area of recovery from addiction. What this research will do that is new and original is to begin to explore these links between PTG and addiction in more depth, examining how people understand the 'benefits' that their addiction and their overcoming of it have brought them, and starting to describe the processes that may be utilised in these circumstances to develop PTG. As such, it will hopefully give rise to a generalisable and testable model of the experiences of people with PTG post-addiction.

The specific purpose of this research, therefore, is to begin to investigate this new area: an exploration of the characteristics of these experiences. As such the research question can be summarised as:

What is involved in the process of posttraumatic growth from the experience of addiction?

The research question has a number of parts:

1. In what way and how do some people appear to 'benefit' from their experience of addiction?
2. What are the processes, mechanisms and strategies involved?
3. What are the implications of these findings?



## **5      Chapter 5 - Methodology**

### **5.1      Introduction**

This chapter describes the methodologies utilised in this thesis. After reiterating the overall research question, the chapter continues with a discussion of the epistemologies involved, together with a discussion on validity. This then leads into an exploration of methodologies, specifically qualitative methodologies, and then to Grounded Theory and Interpretative Phenomenological Analysis (IPA) in particular, the methodologies used in the two studies in this thesis. A range of other methodological issues related to both studies are then explored and discussed.

### **5.2      The Research Question**

The specific purpose of this research is to begin to explore what is involved in the process of posttraumatic growth from the experience of addiction. The research question has a number of parts:

1. In what way and how do some people appear to 'benefit' from their experience of addiction?
2. What are the processes, mechanisms and strategies involved?
3. What are the implications of these findings?

### **5.3      Epistemology**

This thesis is phenomenological in context, in that it is concerned with people's experience and the meanings they ascribe to that experience. More explicitly, existential phenomenology is seen as the

epistemological basis of this thesis, due to the centrality of the personal endeavour of making meaning. It is through our experience that we enquire about the meaning of existence and how we can be (Valle & Mohs 1998 p.96), central concerns to many of the sample who felt that they had learnt much about themselves and the world from their experience of addiction and recovery.

In the phenomenological approach of this study, the recognition of the uniqueness of the individual experience and story coexists with the aim of supporting theorising through the seeking of commonalities amongst the study participants, as well as with extant literature. When all these individual viewpoints are then considered together, they may not illustrate an *objective* meaning, but at the least an *intersubjective* one (Henwood 1996 p.35).

Appropriate topics for phenomenological study include “...any meaningful human experience that can be articulated in our everyday language such that a reasonable number of individuals would recognise and acknowledge the experience being described” (Valle & Mohs 1998 p.98). Such a topic necessitates qualitative approaches as quantitative approaches cannot easily tell a story in this way, at least not in a way that is both sophisticated and readily understandable to many.

Phenomenological approaches can do much towards providing a rich, accurate, articulate and full description and understanding of human experience and meaning, though some can depend to an extent on the articulacy of those being studied (Braud & Anderson 1998a pp. 264-5). The ability to articulate, though variable, was generally well developed in the participants in both the studies reported within this thesis.

#### **5.4 Why a qualitative methodology?**

Exploring posttraumatic growth related to problematic substance use was originally conceived as an endeavour most suited to a qualitative approach, principally as the study is designed to *explore* people's *experience* (Willig 2001 p.9). Qualitative research refers to any type of research that produces findings not arrived at by statistical procedures or other means of quantification. It is concerned with meanings and the way people understand things, and patterns of behaviour (Denscombe 1998 p.207). Styles argues (1993 p.597) that qualitative research is better at accommodating these kinds of non-linear causality involving human experience and behaviour, where elements are often unpredictable or chaotic.

Qualitative approaches are particularly appropriate in the early phases of research on a topic as their openness allows for the generation of data that can more accurately point the way for later mixed or purely quantitative research (Burman 1997 pp.43, 52-5, Park & Lechner 2006 p.50). Initially this enquiry was also supported by quantitative methodologies, although as discussed further below, evolving understanding of the potential effectiveness of qualitative approaches in exploring this particular area together with recruitment difficulties prompted a move to a solely qualitative approach.

Qualitative methods are useful for clarifying distinctions, subtleties and paradoxes that may not be so clear in data derived from quantitative methods that are less able to understand complex behaviours (Ritchie & Spencer 1994 p.173, Thornton 2002 p.156). Qualitative methods are also better placed (than quantitative) for conceptualising phenomena, and working towards subsequent explanations and interpretations

(Braud 1998 p. 38). Additionally, open qualitative methods are less likely to begin by narrowing definitions - for example, of what is thriving - almost a necessity with quantitative methods where criteria to examine variables involved usually need to be established beforehand (Massey et al 1998).

Massey et al (1998) summarise the particular benefits of qualitative approaches when studying thriving. Such approaches are effective at:

- clarifying processes of meaning-making
- clarifying subtle distinctions that often disappear in quantitative work
- clarifying causality and directionality
- clarifying the importance and nature of context
- opening up unexpected areas
- allowing and clarifying paradoxes, which quantitative work often suppresses

What also makes qualitative approaches such as Grounded Theory and IPA different from more quantitative techniques is the *source* of the data from which theory is generated. This data is invariably some elaboration of the experience of those with whom the research is concerned, in this case the transcripts of the semi-structured interviews involved in this research

Specific to the research area, Cohen et al (1998 p.34) and Pals & McAdam (2004 p.65) argue that qualitative methods may provide information about post-traumatic growth that quantitative methods are unable to, not least as quantitative methods are necessarily often constrained by preconceived ideas of what constitutes growth. Similarly, in relation to the area of recovery from addictions, earlier

studies have been criticised (e.g. by Sobell et al 2000 p.755) for lack of qualitative data, particularly integrated with the quantitative data.

However, there are potential limitations to qualitative methods, "...we gain richness and completeness of description, a view from the inside, an understanding of the contexts in which experiences and events occur, and an appreciation of the complex, dynamic and often subtle ways in which events and experiences come together and play themselves out in the lives of particular individuals. In return for these gains, we pay the price of reduced certainty about the actual referents and sources of experience and events and become uncertain about the contributions or importance of particular perceived interrelationships or connections among the experiences and events" (Braud 1998 pp.41-2). As such, an exploratory enquiry such as this may benefit from further studies to clarify with more certainty points such as the above.

#### 5.4.1 Specific qualitative methodologies

Qualitative data analysis is essentially about detection. Processes that support this and a range of other functions include defining concepts; mapping the range, nature and dynamics of phenomena; creating typologies; finding associations; seeking explanations; and developing theory (Ritchie & Spencer 1998 p.176). There are a number of specific methods that are designed to do this, including *Grounded Theory* and *Interpretive Phenomenological Analysis (IPA)*, both used in this enquiry, and both discussed further below.

Though this enquiry has much to say about outcomes, it is the processes that are involved that are of the most potential interest, and of which the least is understood, and therefore necessitates the use of

methodologies aimed at explicating process. "Grounded theory offers systematic approaches for discovering significant aspects of human experience that remain inaccessible with traditional verification methods. Because Grounded Theory methods are designed to study *processes* (my italics), these methods enable psychologists to study the development, maintenance and change of individual and interpersonal processes." (Charmaz 1995 p.30).

IPA has similar aims to a number of other qualitative approaches, including Grounded Theory. In line with this study, it is explicitly "... phenomenological in that it involves detailed examination of the participant's lifeworld; it attempts to explore personal experience and is concerned with an individual's personal perception or account of an object or event, as opposed to an attempt to produce an objective statement of the object or event itself...The aim of interpretive phenomenological analysis (IPA) is to explore in detail how participants are making sense of their personal and social world, and the main currency for an IPA study is the meanings particular experiences, events, states hold for participants." (Smith & Osborn 2003 p.51). As will be seen in the findings and discussion chapters for the Grounded Theory study, this issue of meaning is particularly pertinent, and was one of the reasons why IPA was chosen as the methodology for the subsequent study. Also of relevance, Reid et al (2005 p.21) note how IPA has a particular potential to work well within the premises of positive psychology.

#### 5.4.2 Grounded Theory and IPA

Grounded Theory and IPA have many features and practices in common (Willig 2001 pp.68-9) - e.g. the practice of thematic coding from

semi-structured interviews - but also some very specific differences. IPA was specifically chosen from a number of possible approaches for the second study for the emphasis it gave to *meaning*, and to the support for and valuing of the researcher's interpretation, relevant due to the theoretical sensitivity derived from my longstanding professional experience and training in this and related areas, and my immersion in this area of study for several years. This is in contrast to Grounded Theory's open coding, where the initial codes are expected to emerge without preconception from the data. Additionally, IPA is more oriented towards the psychological rather than sociological perspective, more relevant to my own theoretical sensitivity. IPA has also yet to become as 'over-developed' in its methodology, or as associated with the kind of debates and controversies that exist around Grounded Theory (Willig 2001 p.69).

#### 5.4.3 Theoretical sensitivity

In contrast to some research methodology's views of the researcher's personal experience as being likely to engender bias, both Grounded Theory and IPA (albeit in slightly differing ways) appreciate the importance of what in Grounded Theory is called *theoretical sensitivity* (Strauss 1987 p.11) "...in which the investigator's prior familiarity with what is studied and his or her observational and interpretative experiences and skills help inform the theories that are being developed...." (Braud & Andersen 1998b p.21, also see Robrecht 1995 p.175). Charmaz (1995 pp.32 &35) is clear that in practice there is always an interaction between the researcher and the data that informs the consequent analysis, that it can not be a 'pure' or objective process.

My background of over twenty years working in the addictions field, together with my education, training and experience in counselling, psychotherapy, and working with change and development, all help to give considerable theoretical sensitivity in this area. As such the knowledge, skills and experience of my own professional background support rather than compromise this study.

#### 5.4.3.1 Theoretical sensitivity in Grounded Theory

Nevertheless recognising that theoretical sensitivity may have the potential to be a limitation in terms of biases being introduced in data collection, data analysis and theory generation, Grounded Theory seeks to offset this by stressing adherence to the rigorous methods involved in the data analysis and theory generation. "The hallmark of grounded theory studies consists of the researcher devising his or her analytic categories directly from the data, not from pre-conceived concepts or hypotheses...[Grounded Theory] provides rigorous procedures for researchers to check, refine and develop their ideas and intuitions about the data" (Charmaz 1995 pp.32 & 28).

In order to reduce the risk of biasing the data analysis, Strauss (1987 pp.281-2) recommends delaying the scrutiny of technical literature until the theory has begun to integrate and densify to a considerable degree. He also notes that the literature is almost another form of data in itself and can be appropriately integrated into the theory in its final version.

For this reason, other than confirming that this would be a new area of research, technical literature was not significantly investigated until after the first round of data collection and analysis in the Grounded Theory study. In retrospect – and particularly after the experience of using IPA



– I am not sure this ‘pure’ approach was particularly helpful, and I believe that it may have been more useful to apply theoretical sensitivity right from the data collection and coding stages. Additionally the data collection may have been usefully informed by related literature, for example suggesting interesting variables to explore and appropriate methodologies for doing so.

#### 5.4.3.2 Theoretical sensitivity in IPA

This risk of bias arising from the theoretical sensitivity of the researcher is much less of an issue in IPA where there is an expectation that the researcher will use their theoretical sensitivity to aid the interpretive process. The risks are offset – as they are in Grounded Theory also – by constant reference back to the original data.

IPA (Smith & Osborn 2003 p.51) is explicit about the active role of the researcher, where the subject is trying to make sense of their experience and the researcher in turn is trying to make sense of that sense, a necessarily doubly interpretive process. It is essentially an exercise in understanding by the researcher – in both senses of the word understanding – as in empathising with on the one hand, and making sense of on the other (ibid p.52). Interpretation is explicit and encouraged within the methodology (ibid p.64). IPA is willing to make interpretations from a range of theoretical perspectives, (in this case my knowledge, experience and reading), provided they are developed around the central account of the person’s experience.

## 5.5 Grounded Theory

*Grounded Theory* is now "...among the most influential and widely used modes of carrying out qualitative research where generating theory is the researchers' principle aim." (Strauss & Corbin 1997 p.vii) Part of its appeal is recognised (e.g. Rennie 1998 p.115) as lying in its promise of simplicity, procedural structure and verifiability. It has been used in a number of studies with substance misusers (e.g. Finfgeld 1998, Hewitt 2000, Hartney et al 2003) and with people with PTG (e.g. Shiro & Auerbach 2001).

Smith (1995 pp.18-23) describes how the process of qualitative analysis is essentially one of looking for themes and then structuring these themes, a method well developed in Grounded Theory (and IPA). Grounded Theory is not alone amongst qualitative approaches for its ability to explicate processes (Finfgeld 1998), but was chosen as the initial research methodology in this study owing to its rigorous and systematic approach to generating theory in a structured and comprehensive way from people's experience (Braud & Anderson 1998a p. 277, Robrecht 1995 p.170), and its established position in qualitative research. Additionally (in common with other approaches that build on themes, e.g. IPA), it is (at least in its earlier forms) a common-sense and readily recognisable process, in practice an extension of activity engaged in by all of us on a daily basis as we make sense of our experience (Robrecht 1995 p. 172, Strauss 1987 p.4).

There is some debate with Grounded Theory (Chamberlain 1999 p.191, Rennie 1998) regarding the underlying epistemology, as to the extent it is realist or constructivist or otherwise, though it appears that GT may be able to accommodate a variety of epistemological and ontological

positions (Chamberlain 1999 p.194). These arguments were considered, and it was decided to take a *realist* approach to this study, as discussed above (5.3 ff). This basically posits that the methodology is a common-sense and human process recognisable to all and that the data is assumed to correspond sufficiently to a generally recognisable reality, and therefore such philosophical challenges to Grounded Theory are of a more theoretical than practical interest.

In common with other more traditional inductive research methods and the classical empirical scientific method, Grounded Theory involves a logically consistent set of data collection and analytic procedures able to develop theory derived from data, systematically gathered and analysed through the research process (Charmaz 1995 pp.27-28, Strauss & Corbin 1998 pp.12 & 19). The actual process of using Grounded Theory is discussed in more detail in the next chapter (6.9 ff). Essentially, the researcher begins with an area of study and allows the theory to emerge from the data. As discussed above, Grounded Theory sees my knowledge, skills and experience in these areas as both valuable and essential.

As Grounded Theory has developed, the methodology, theory and processes involved have become more complex, prescriptive and demanding to the point where a number of researchers feel that the basic principle of theory only emerging from the data has been compromised (e.g. Robrecht 1995 p.171) by more attention being given to the importance of the procedures than the data itself. This study has attempted to work in line with the longer established core practices of Grounded Theory.

## 5.6 Interpretive Phenomenological Analysis (IPA)

The choice of IPA for the second study was influenced by a desire to attempt to overcome some of the limitations of the Grounded Theory approach, specifically the discouragement of active interpretation and the associated difficulties with making use of my knowledge and experience in this area. Additionally, it was more satisfying to focus on the individual 'story' in a directly meaningful way, what may be thought of as a psychological approach rather than a sociological one, perhaps reflecting the differing roots of Grounded Theory and IPA. In retrospect, the idiographic (case-study) approach together with the use of my theoretical sensitivity supporting the interpretative analysis was more productive than artificially trying to stay within the confines of a 'pure' Grounded Theory approach.

IPA was principally developed by Jonathan Smith (Willig 2001 p.53) in the mid-90s. It is still a relatively new methodology, Reid et al identifying (2005 p.21) 65 peer-reviewed papers between 1996 and June 2004, the majority being broadly within health psychology, as is this study. Brocki & Warden (2006) critically evaluated 52 articles published up to Nov 2004, with positive conclusions as to the strength and utility of IPA as a methodology.

IPA is "...phenomenological in that it is concerned with an individual's personal perception or account of an object or event, as opposed to an attempt to produce an objective statement of the object or event itself" (Smith et al 1999 p.218). It "...accepts the impossibility of gaining direct access to research participants' life worlds...As a result the phenomenological analysis produced by the researcher is always an *interpretation* (italics in original) of the participant's experience." (Willig

2001 p.53). Pertinent to the aims of this study, Willig (ibid p.60) notes the utility of phenomenological research for informing recommendations for improved practice, particularly in the areas of health and counselling psychology.

The phenomenological approach assumes that "...people attribute meanings to events which then shape their experience of these events." (ibid p.66). IPA "...hold[s] that human beings are not passive perceivers of an objective reality, but rather that they come to interpret and understand their world by formulating their own biographical stories into a form that makes sense to them." (Brocki & Wearden 2006 p.88) It was the findings from the Grounded Theory study (7.7) as to this crucial role of meaning that argued for the use of IPA to throw more light on some of the processes involved. IPA is also particularly suited (Reid et al 2005 p.23) to researching in 'unexplored territory', where theory may be lacking.

IPA is an idiographic case-oriented approach to analysis, beginning with particular examples and only slowly working up to more general categorisation or theory (Smith et al 1999 p.220). The aim of IPA is to explore in detail the participant's view of the topic under investigation (ibid p.218). For this second study, it was hoped that IPA would be able to throw more light on aspects of the research question that had not been particularly enlightened by the initial Grounded Theory study, in particular details of the processes involved in PTG relating to addiction. As such, in addition to 'testing' the theory generated in the GT study, it was hoped that it might be able to usefully extend that theory.

IPA has been criticised for not paying enough attention to the constitutive role of the language that is its usual data source, i.e. that the

words chosen to describe experience have meanings separate and sometimes distinct from the experience itself, and that the relative availability of discourse may shape that experience. Arguably, language, rather than expressing something we think or feel, may proscribe what we think or feel (Willig 2001 p.63). Whilst IPA does not dispute this possibility, it does not attach as much importance to it as to the meaning that is considered to be behind those words. So in contrast to Discourse Analysis's focus on the discourse itself, IPA is directly concerned with the cognitions that are assumed to underlie and inform the discourse, i.e. with attempting to understand what it is the person thinks or believes about the topic under discussion (Smith et al 1999 p.219).

The assumption in IPA (and in this enquiry) is that between the subject and the researcher it is possible to get at least near to the person's beliefs about their experience, and it is these that are of importance. Willig argues (2001 p.64) that IPA requires articulate and sophisticated subjects to work well, though Reid et al (2005 p.22) argue not, due to the interpretive role of the researcher being able to compensate for a lack of this in the subject. The sampling in the IPA study (5.7.2 and 10.2) was deliberately focussed to increase the likelihood of detailed and sophisticated articulation of the areas under investigation.

## **5.7 Methodological issues**

### **5.7.1 Limitations inherent in the data**

There are potential limitations to the validity of the research data derived from the subject's understanding, their ability to express this, the impact of factors that influence both what they believe and what they are willing

to say, and the impact of the data collection itself and the subsequent analysis, and as such, any research findings need to be presented and considered with this proviso. (Such limitations are by no means unique to qualitative research – see Manstead & Hewstone (1995 p.544) on a Social Constructivist view that all ‘human’ data is socially influenced).

#### 5.7.2 Validity

The questions of validity addressed in the following paragraphs apply to the data and theory in both the GT and the IPA studies in this thesis.

There are a number of (complementary) potential conditions for validity. One definition is the extent to which a piece of research succeeds in what it sets out to do (Willig 2001 p.16), and insofar as this overall study was explicitly exploratory, and in the process answers the research question and recognises useful directions for further enquiry, the aims of the project were largely met.

A measure of the validity of generated theory is *respondent validation* (Pidgeon 1996 p.84), i.e. the extent to which theory is supported by the study subjects, the ‘experts’ on their experience. This was explicit in the GT study where some of the participants were asked (as is common practice in Grounded Theory) what they thought of the theory generated from their data. Theory was supported in the GT study (at the point where this was checked), and this is also largely the case comparing data between the two studies. This approach was preferred over inter-rater reliability as the subjects were the experts, and I felt that it would be unreasonably onerous for others to re-analyse my data.

Phenomenological analysis (in this context including GT) derives themes from participant data rather than predetermined categories. To an extent respondent validation is inbuilt to the methodologies used, specifically the ongoing iterative process involved in both Grounded Theory and IPA where theoretical findings are constantly checked with the original data by the researcher to see if these themes are consistent or not. Meticulous documentation of all coding supports a potential audit trail.

A complimentary approach to testing validity was also explicit in the IPA study's sampling, where subjects were chosen who were considered to have the potential to express theoretical views on the areas of enquiry. Also related to this approach is the extent to which research findings are in harmony with other existing and established findings (as they were in this case).

Another way to access validity is through attempts at replicating results, e.g. seeing whether other researchers would arrive at similar findings using the same data and methodologies. As an explicitly exploratory study, a more appropriate way of achieving this would be through subsequent studies aimed at testing some of the exploratory findings, though to a reasonable extent the IPA study tests and affirms the theory generated in the GT study. Related to this point is that made in Brocki & Wearden (2006 p.95) about validity being assessed in terms of the applicability of the illustrated themes in similar situations. If similar is taken as including other areas where there has been post-traumatic growth, then these research findings appear to have validity, as will be seen when they are compared with the wider PTG literature in the two discussion chapters (9 and 13).



Valid concerns with retrospective reporting and analysis are highlighted by O'Doherty and Davies (1987) amongst others, though Larkin and Griffiths (2002) present a strong argument for subjective accounts as valid data in this particular context, as self and identity issues are so important in resolving addiction problems.

Connors & Maisto's (2003) review of the extant addiction research supports the general validity of people's self-reporting, though noting that any bias is usually towards the subject painting a worse picture of themselves than their collaterals. Diener et al (2002 p.64) discuss research into the validity of self-reports of subjective well-being that shows good convergence with a wide range of other methods of assessment (and see 5.8.2). In this respect it is also worth noting that I am considered a skilled and experienced interviewer, at least partly due to my considerable counselling training and twenty years of clinical experience supporting many hundreds of people in telling often difficult stories, as well as being a trainer and clinical supervisor in the area of 'counselling' people with substance misuse problems. This is also likely to enhance validity.

Giorgi (1995 p.42) argues for the existence and validity of knowledge that is intersubjective rather than objective, and that this is determinable from a phenomenological point of view. Related to this, Smith et al (1995 pp.67-68) discuss the process of analytic induction that they believe builds on the case study approach to generate more generalisable theory:

- 1 – tentative hypothesis
- 2 – check against first case
- 3 – review and revise accordingly

4 – check against next case

5 – and so on, increasing explanatory power as we go

This process is broadly similar to what was used in this overall enquiry, excepting that rather than incrementally developing the theory after each individual case, this was done after each phase of data collection: after the first phase of Grounded Theory interviews, after the Grounded Theory interviewing had ended, and after the IPA interviewing had been completed.

To conclude, for the above reasons, there is no basis to question the general validity of the findings. What potential limitations there may be are not critical in an exploratory study such as this – particularly where the construction of meaning is at the centre of the enterprise. The findings give rise to a generalisable theory (of the experience of PTG in those recovering from addiction) that is testable. Future enquiry will refine the validity of the data if necessary.

## **5.8 Other methodological issues**

### **5.8.1 Recruitment methods**

There are broadly speaking three approaches to recruitment appropriate to this kind of study; targeted recruitment, advertising and ‘snowballing’. This GT study predominantly used advertising (see 6.2.1) and the IPA study targeted ‘headhunting’ (see 10.2).

It is established that solicitation methods can introduce a degree of bias, e.g. Rumpf et al (2000) showed that media solicitation of substance misusers led to an overestimation of severity of dependence and

underestimation of moderate drinking, and as snowballing relies on network chains, samples can sometimes be homogenous (Cloud & Granfield 1994 p.163). Nevertheless, bias is arguably less of an issue in exploratory studies, where the aim is not to establish the extent of a phenomenon, but rather to begin to explore the nature of that phenomenon.

Data collection for IPA is usually based on purposive sampling, where participants are selected according to criteria of relevance to the research question, and tend to be homogenous. This allows looking across the corpus of data to obtain a more generalised understanding of the phenomenon (Willig 2001 p.58).

#### 5.8.2 Interviews

It is worth noting that though most qualitative studies - including this one - have relied on one-to-one interviews, at least one relevant study (McMillen et al 2001) used focus groups. Whilst this may have been an option in theory, it was considered (correctly) that the recruitment methods in this study would have been insufficient to generate sufficient numbers for viable groups. McMillen and colleagues overcame this by recruiting people still in residential treatment programmes. Whilst in this research there were no specific exclusion criteria relating to time in recovery, there was concern in relation to the aforementioned study that many of the PTG effects in those new to recovery may be either 'rebound' effects, or directly relate to the treatment experience and not be sustained.

Semi-structured interviews (Smith 1995 p.12) allow more freedom to explore interesting areas that arise and for the interviewing to be more naturalistic, putting people more at ease and hopefully supporting

openness, all helping to produce richer data. "...the semi-structured interview...facilitates rapport/empathy, allows a greater flexibility of coverage and allows the interview to go into novel areas, and it tends to produce richer data." (Smith & Osborn 2003 p.57)

The interpretive and interrogative aspect of IPA supports the semi-structured interview as the most effective method of data collection, as it allows for the iterative and developing dialogue that is necessary both to explore new areas and to clarify detail (ibid p.55). "The interviewer is understood to work with the respondent in flexible collaboration, to identify and interpret the relevant meanings that are used to make sense of the topic" (Reid et al 2005 p.22)

Smith (1995 p.10) in his discussion on semi-structured interviews describes how on the one extreme one can assume that the interviewer is uncovering a factual record and on the other extreme, one can assume that a person's responses are designed to perform certain interactive functions, e.g. please or impress the interviewer. "Between these two positions, one may consider that what respondents say does have some significance and 'reality' for them beyond the bounds of this particular occasion, that it is part of their on going self story and represents a manifestation of their psychological world, and it is this psychological reality that one is interested in ". This is the position taken in this thesis.

Central to many of the issues with qualitative research discussed above are those connected with interviews as a method of data collection. On the one hand interviewing allows the kind of interaction that has the potential to increase the richness and accuracy of the data. On the other hand, the degree of 'accuracy' of this data may be in question (see 5.7.2 for support for the validity of self-reporting and the data in general).

In this regard, Rennie (1998 p.108) discusses concerns that reportings of past experiences are invariably influenced by the context of the present situation. This is a particularly interesting point in relation to the PTG literature, as this literature suggests that it is precisely such reframing of the past that is necessary and desirable for recovery and thriving (see 9.3.3.3), that it is not just the reporting that is changed by (and changes in turn) the present experience, but that the person's view of that experience, what the experience actually means to them, is also changed. As discussed above (5.7.2), these views are not seen as undermining the validity of the methodology or the data involved in these two studies.

It is also of note that my counselling training and experience is of help here in putting people at their ease, helping them feel heard and understood, and asking the 'right' questions.

#### 5.8.2.1 Issues with interviewing at a distance - e-mail interviews

Another issue was one of distance precluding a face-to-face interview. This was particularly the case when web-based recruitment brought in potential subjects from the USA and Australia. Early on in the recruitment there was a subject some 400 miles away (recruited via a British web-site) who was happy to answer questions by e-mail. This appeared to work very satisfactorily, the length of responses being shorter compared to transcripts of face-to-face interviews, but considerably richer in content (due to lacking the 'padding' and repetition inherent in live conversation, and allowing people the chance to consider, focus and refine their responses. Excerpt further below). When subsequently met face-to-face this subject reported finding the process interesting and therapeutic, even by e-mail.

Hamilton & Bowers' (2006) review of the use of e-mail in qualitative research discusses a number of similarities and differences between face-to-face and e-mail interviews. One of the more pertinent is the difference between written and oral communication, already alluded to above, specifically that oral communication is generally considered less abstract and closer to the individual's real world, whereas written communication is considered more abstract and objective. Hamilton & Bowers (ibid p.833) were unable to find any research directly comparing the effectiveness of the two approaches, and concluded that more relevant (in terms of the amount of effort put into providing 'quality' answers) was the overall commitment of the participant to answering the questions being investigated in the research (ibid p.829).

A number of IPA and Grounded theory Studies have used e-mail as the chosen mode of communication (see Brocki & Wearden 2006 p.94 for IPA examples). This was always – as in this study – for reasons of geographical limitations, though a number of authors cited by Brocki & Wearden (ibid) have positive things to say about e-mail interviews; specifically that prolonged contact is easier, and that e-mails were more frank, more focussed and more reflectively dense.

Coderre et al's 2004 study also reviews the existing literature and concludes (p.349) that this is broadly supportive of internet-based interviewing techniques. McCoyd & Kerson's (2006 p.2) randomized controlled trial interviewed people face-to-face, by phone and by e-mail, and found that e-mail interviews tended to be more complete, to include more self-reflection by respondents, and to be seemingly more candid. They viewed this (ibid pp.3 & 9) as because interviewees considered machines to be less judgmental than people, and that people were more

comfortable with e-mail as they were in control of the communication and in their own homes.

This 'richness' was certainly reflected in the Grounded Theory study. In face-to-face interviews, full pages of transcribed text might not cover a single theme subsequently relevant to theory, but in an e-mail there may be several such themes in just one paragraph. This richness is apparent in the 184 words of an example paragraph from the interview mentioned above:

*"My boundaries have changed – I have much tighter boundaries as far as allowing people to hurt me, to invade my privacy, to use me as a doormat. I have become stronger and more confident in myself, learning to like myself again was a slow, painful process, however, a positive one in that I am much more in control of who is in my life and how I allow them to treat me. I am aware of my strengths far more now – I used to focus very much on my weaknesses. People in my life now are those I trust, love and very much respect, they act as inspirations/mentors or provide me with unfailing support – I am a good person to have in your life! I look more at how I interact with people and I am passionate about self reflection/growth and development. I also am far more forgiving and non-judgmental, tend to give people the benefit of the doubt. I do not strive for excellence in people and am aware that we all have weaknesses, and they impact on how the world sees us." (Int.8 pp.2-3)*

This richness contrasts considerably with face-to-face interviews - particularly the Grounded Theory ones - where the density and quality of the data was consistently higher in e-mail interviews than face-to-face ones.

It would also be interesting to know, and in this case it is unclear, the extent to which electronic approaches promote openness through the apparent anonymity, or decrease this due to exactly that lack of reassuringly personal contact. However, there was considerable dropout between those who received questions by e-mail, and those who returned them (about a third were returned), perhaps as there was not the same obligation felt as would be attached to having agreed an interview time and place.

#### 5.8.2.2 Interview questions

Both studies used a semi-structured interview format, and therefore had questions prepared to structure those interviews (see appendices II and III). These were all open-ended questions, as it was felt this would provide fuller answers and made the interview more of a process, than, for example, a life-event checklist (Sobell et al 2001 p.1469).

#### 5.8.3 Measurement and scales

Originally two questionnaires were used with the initial Grounded Theory study. The first was the WHOQOL-100 (WHOQOL Group 1998) to provide some kind of objective assessment of the person's Quality of Life. The second was a questionnaire (Appendix 1) designed to gather basic demographic and substance history data, and to act as a screen for suitability in fulfilling the research criteria as defined. In the IPA study, these latter functions were covered either by pre-interview conversation or by the interview schedule itself, and neither questionnaire was used.



#### 5.8.3.1 Measuring thriving

The common methods used to assess PTG (Cohen et al 1998 pp. 24-7) are interviews and measures/scales, usually focussed on changes in categories or domains (see 3.9 for further discussion). In the preceding study (Hewitt 2002) the 15 item short form of the Stress Related Growth Scale (Park et al 1996) had been used to measure PTG. In this study it was decided to use none of the growth scales discussed in 3.9 due to the limitations discussed there, but rather to use a more broad-based and potentially 'objective' Quality of Life measure (the WHOQOL-100), albeit that a longitudinal study would be needed for such a scale to fulfil all its potential. Inadequate numbers recruited, together with the lack of a 'normative' baseline meant that though the WHOQOL showed some promise in this area, the figures could ultimately not be used. Interestingly, subsequent reading of research reviews and findings (e.g. Stanton et al 2006 p.164, Thornton & Perez 2006 p.291) did not support a relationship between PTG and QoL.

#### 5.8.4 Prospective and retrospective - longitudinal studies

There are a large number of longitudinal studies with substance users in treatment (see 2.6). Klingemann (2001), Cunningham et al (2002) and the Birmingham Untreated Heavy Drinkers Project in the UK (Orford et al 1998) are three of the very few prospective studies with non-treatment substance users.

Most PTG authors stress the necessity for prospective studies (e.g. Park 2004 p.74, Tennen & Affleck 1998 pp.74-7). Longitudinal studies may help illuminate issues of causality and directionality, as well as more

specific questions such as the extent to which any change is maintained and the relative importance of any variables involved.

PTG studies usually employ cross-sectional and retrospective designs (some exceptions noted in Linley & Joseph 2004 p.17)), and the same is true for the study of addiction exit processes. Exceptions to the usual retrospective studies are a number of studies related to HIV/AIDS (e.g. Milam 2004), and cancer (see Stanton et al 2006 for reviews of 11 longitudinal studies).

Length of time and resources available prohibited a longitudinal study in this case, though the ideal study – commencing while the addiction was active – would only be feasible as part of a much larger study of addiction processes, as recruitment would be a prohibitive problem.

#### 5.8.5 Control groups

As this was an exploratory study, control groups were not necessary. Control groups are rare in PTG studies (Stanton et al 2006 p.149), largely owing to problems matching the control group due to the range of stressors in most people's lives (Park & Lechner 2006 p.55). It is outside the scope of this study, but there may be potential in attempting to compare the experiences and characteristics of this PTG group with an otherwise equivalent group whose perception of their experience and life remains negative.

#### 5.8.6 Collaterals

This study has relied completely on self-reporting and not used collaterals as (sometimes) encouraged by Sobell, Klingemann and

colleagues in the addictions literature, and Wortman (2004 p.84) in the PTG literature. This is in part due to limitations on resources, but also as reviews of the relevant literature (e.g. Park & Lechner's (2006 pp.55-56) and Linley & Joseph (2004 p.17) on the PTG literature) have concluded that self reports were generally consistent with reports from other sources, e.g. collaterals. There is similar support in reviews of the addictions literature (e.g. Klingemann et al 2001 p.21, Sobell et al 2000 p. 757).

A key factor for not using collaterals in this study was the concerns of some authors (e.g. Russel et al 2001 p.1433) that this may discourage recruitment in an already difficult-to-reach group of ex-substance-misusers with PTG. It is also worth noting that use of collaterals can also lead to a bias towards those with intact social networks (Bischof et al 2002 p.230), though both the samples in this study possessed such networks anyway.

#### 5.8.7 Defining the sample

This study had originally focussed exclusively on the non-treatment population in order to reduce the impact of confounding variables (specifically the 'taking on' of concepts specific to the treatment field (Hartney et al 2003 pp.318, 333)), though for theoretical and practical reasons was widened to include people who had had treatment or used self-help groups. Reflection as the enquiry developed clarified that the central research question is concerned with understanding the dynamics of enhanced growth, rather than how people manage this without treatment. Also, whilst it is possible and even likely that some such themes may derive from or at least echo those that have been met in treatment, psychotherapy, 12-step programmes, etc, it is simply not

possible to avoid all potential 'contamination'. Nor is it desirable, as this possibility does not invalidate the person's described experience.

The other main reason was a developing understanding from the addictions literature (e.g. Edwards 2000 p.747) that there was little difference between treatment and non-treatment recovery in terms of the broad factors and dynamics involved. Lastly, as the non-treatment literature shows this group have consistently proven hard to access (this study was no different), it was not in the interest of recruiting a suitably sized sample to be too exclusive on eligibility. This became clear roughly at the point where about seven people had been interviewed, and whilst it was possible there may have been enough subjects for the qualitative side of the research, it was quite clear this was unlikely to be the case on the quantitative side where a minimum of  $n=100$  had been agreed as necessary for the WHOQOL data to be useful.

For all these reasons it was proposed and agreed halfway through the study to widen the sample to all those reporting PTG effects, whether they had had 'treatment' or not. This decision to widen the criteria also served to broaden the theoretical sampling and allow increased exploration of similarities and differences in the analysis.

## **5.9 Summary**

This chapter has covered the methodologies utilised in this thesis, their epistemological context, and methodological issues involved in this kind of research. The next chapter discusses in more detail the actual carrying out of the GT study and the participants involved.

## **6      Chapter 6 - Method – Grounded Theory Study**

### **6.1      Introduction**

This chapter describes and discusses the method of the Grounded Theory (GT) study. It begins with the sampling and recruitment process, including details of the sample, and is followed by a description of the application of Grounded Theory in this study.

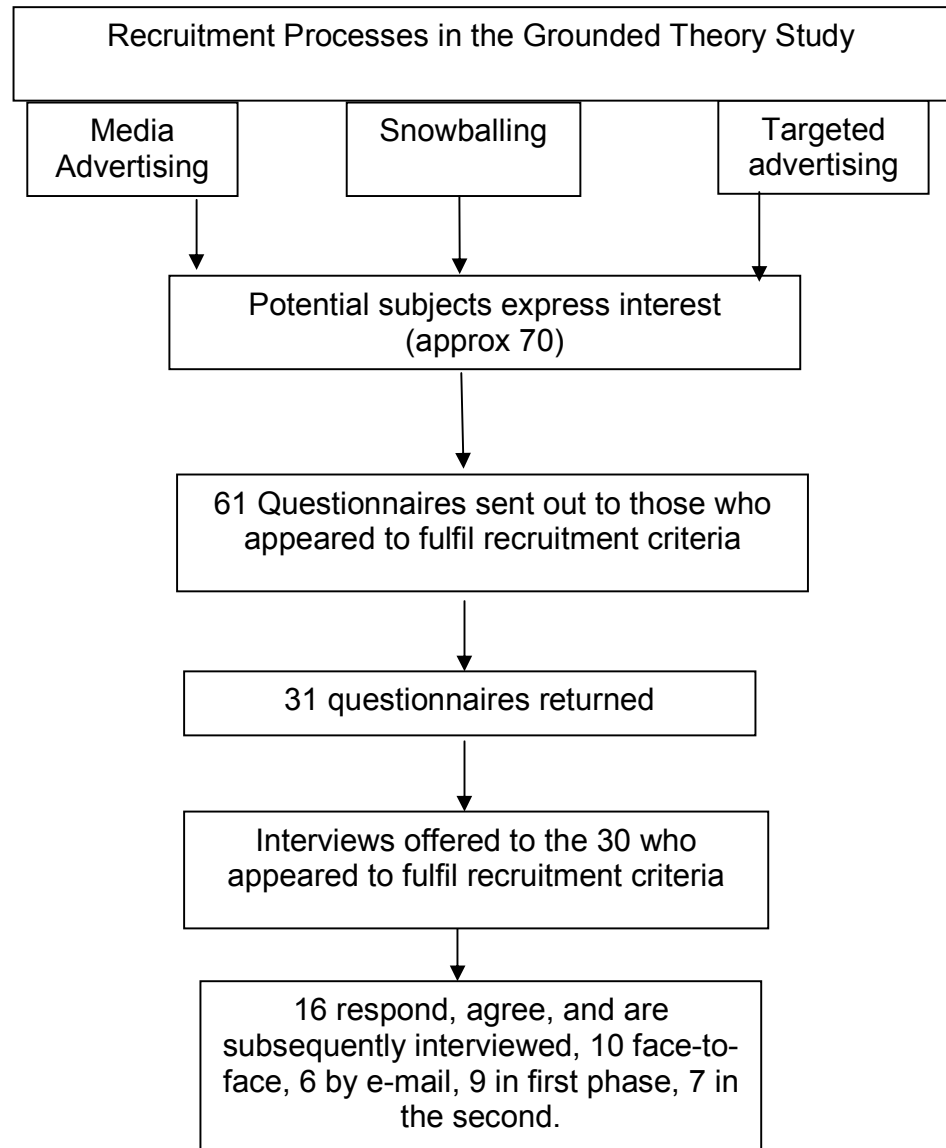
### **6.2      Recruitment**

Whilst it has not been noted as difficult to recruit for study those who have experienced problems with substance misuse, or those who have experienced PTG, it was anticipated (correctly) that it would be difficult to recruit people who had both these characteristics, and particularly those who had not received specialist interventions.

#### **6.2.1      Recruitment methods**

The recruitment methods in this study were largely media solicitation, snowballing, and some targeted 'advertising'. Those who expressed interest were sent an information sheet (Appendix iv) explaining more about the study, and those who then formally expressed interest were sent the appropriate questionnaires (WHOQOL and appendix i, see 5.8.3 ff. and 6.3 respectively).

**Figure 4: Sampling, Recruitment and Data Collection in the Grounded Theory Study**



#### 6.2.1.1 The media

In terms of using the media, for this study adverts were placed in a local listings magazine (Venue) from which there were no responses, and twice in a local free paper (The Spark) aimed at those interested in

personal growth, from which there was some response both times (eventually resulting in three interviews). Additionally, an advert was placed in the UK 'in-house' magazine for the drugs field (Druglink), as previous research (Hewitt 2002) suggested that a number of people working in the field fell into the subject category. Again there was some response, finally resulting in one interview. As with other methods, there was fallout at every stage between the numbers who expressed interest and those who were interviewed (see fig. 4 above and 6.5 below).

#### 6.2.1.2 The substance misuse field

As said above, previous research had already shown the presence of a number of people working within the addictions field who felt they fell into this category. Accordingly a flyer was sent to all the drug and alcohol services in about a 50 mile radius of Bristol. There was no way of knowing the extent to which these had been brought to people's attention, but there was surprisingly little response from this route, suggesting that the flyers may not have always been passed on, or that people who had been involved in the preceding research (where the same recruitment method had been used) did not realise that this was in fact a different study. Nevertheless, there were several questionnaires returned via this route, from which came four interviews.

#### 6.2.1.3 Electronic methods

From the Druglink advert, an anonymous person posted the advert on a British Harm-Reduction web-site which also generated some interest, and a subsequent interview. This prompted me to post adverts on a number of UK and international web-sites (seven, mostly USA-based),

and others then took it upon themselves to post advertising on yet more sites (final number unknown).

It is interesting to note that it is not feasible to stop such postings on the web, and that once this happens, they can end up anywhere. However, these postings did generate a lot of interest, from the US in particular (as well as Australia), but though questionnaires were returned, there was much less response to the second stage qualitative questions. There were similar problems with the use of e-mail in the UK, as though people were willing and able to grant the time for an interview, they appeared much less likely to write a lengthy e-mail covering the same ground.

The study did not allow for follow-up of why this may be, but a number of reasons seem plausible. Firstly, I was not there to reassure nervous interviewees either by my presence or by answering questions. Secondly, the time for the exercise is not committed to in the same way and at the same level as when an agreement has been made for a time and place for a face-to-face interview. As such, the task may not win over the other competing priorities operating in most people's lives. However, 6 out of the 16 people interviewed in the GT study were done so via e-mail, so it appears that this method does appeal to some people (see discussion 5.8.2.1 above).

#### 6.2.1.4 Snowballing

It was hoped that all the above routes would lead to 'snowballing', where one person who is involved points the way to other potential subjects. Though a number of subjects stated their intention to recruit others, in practice this did not seem to happen, though one interview came about



through interest being generated by a (non-participating) friend of the researcher.

### **6.3 Screening**

Due to the recruitment methods discussed in the previous section, it is impossible to predict how many people may have seen recruitment material and considered involvement in the study. Each person who expressed a willingness to take part in the GT study was given a questionnaire (Appendix 1) that fulfilled three functions\*. Firstly, it functioned as a screening tool, allowing me to judge that the person had had a significant problem with drugs or alcohol that they now no longer had. Secondly it provided demographic data. Thirdly it gave some additional information on the person's use of drugs and alcohol, the impact of this, and their recovery from this. Within the questionnaire there was a high level of completion, with few questions clearly left unanswered.

### **6.4 Interviewing**

When the questionnaire had been received and inputted, those who still fitted the criteria were offered an interview. Three were excluded during the first stage as they fell into the treatment category. When the protocol was changed to include them, these and others like them who had been excluded at the 'interest' stage were contacted and asked if they would now be interested, but unfortunately there were no

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\* The WHOQOL – a comprehensive Quality of Life questionnaire (Skevington 1999) was also used for the first two years, but numbers recruited were insufficient for meaningful statistical analysis so the data was not used.

responses, though one of these was subsequently 'head-hunted' for the IPA study. One was also 'rejected' for having what were still quite clearly high levels of poly drug use, as was a similar potential subject at the 'interest' stage.

It was notable that most of the Grounded Theory sample was very articulate and provided interpretations and theory without prompting. This probably reflects both the level of education in the sample, but also perhaps that reflection, finding meaning and making sense of the experience seemed to be such a key part of what was necessary to grow to this extent. It is of interest that many (as also noted by Klingemann et al 2001 p.7) found the interview process therapeutic. A number who fed back on the draft theory also commented that it made them feel good to see such a positive theory and know it applied to them.

An original 9 people were interviewed. The data was consistent to a high degree, such that even after three or four of the coded interviews had been pulled together to begin to build theory, it was clear that there were already a number of consistent and recurring major themes. In line with Grounded Theory practice (Denscombe 1998 p.215, Pope et al 2000 p.114) these emerging themes were reflected back when they arose in subsequent interviews in order to check and challenge the analysis and understanding so far, and to encourage further elaboration towards theoretical saturation.

It also became clear where the gaps were, one of the most obvious being data on any stages involved in the growth, the second being related to the sample itself, e.g. they were all white and were mostly educated. The first was addressed by adding an extra area of

questioning, and being mindful of this gap during interview. Attempts to address the demographics were less successful, though might be more so in a larger study with greater resources of research time or money. A conscious decision was made not to pursue people who had expressed commitment to the next stage of the study but then not fulfilled this, as I felt that anything that could be felt as pressure ran the risk of being unethical.

## **6.5 Sampling**

In common with most research there was a steady reduction (illustrated in figure 4 in 6.2.1) in numbers of:

1. Potential recruits
2. Those who recruitment was intended to reach
3. Those who recruitment attempts did reach
4. Those who expressed an interest in hearing more
5. Those who followed through on that interest by agreeing formally to take part (n = 61)
6. Those who returned the required questionnaires (n = 30)
7. Those who were interviewed (all who were asked were willing, but distance precluded some. Numbers interviewed = 16 )
8. Those who responded to follow-up requests for feedback on the model (5 of 9 interviewed in first phase)

## **6.6 Characteristics of first (Grounded Theory) sample**

By the cut-off point at the end of April 2005, 61 people had been sent questionnaires. 31 questionnaires were returned. One questionnaire was excluded as the person clearly did not match recruitment criteria due to current very high levels of substance use. The numbers (n=30)

of eligible participants who returned the questionnaire was insufficient to draw firm conclusions in terms of any correlations or otherwise between elements of the data, hence none of these statistics are reported or discussed.

Table 2 below summarises some of the key pertinent features in order to give an overview of the range of participants who were eventually interviewed. Blank spaces mean this data was not provided. This is followed by a brief summary of each participant. Other sample characteristics are then summarised after an explanation of the terms used in the questionnaire and table.

**Table 2 - Demographics and other data of interviewees in the Grounded Theory study**

<b>Inter view No.</b>	<b>Gender</b>	<b>Age</b>	<b>Length of problem</b>	<b>Main problem substances</b>	<b>Description of problem</b>	<b>Interviewed</b>
1	F	36	3/3	Heroin, alcohol	Severe	Y
2	F	38	4/4	Heroin	Severe	Y
3	F	25	6 month binge	Amphetamines ecstasy	Heavy	Y
4	F	32	4/8	Amphetamines alcohol	Heavy	Y
5	F	37	5/5	Alcohol	Severe	Y
6	F	39	8/8	Heroin, alcohol, amphetamines	Severe	Y
7	F	39	3/4	Cocaine	Heavy	Y
8	M	41	3/3	Alcohol,	Heavy	Y

				amphetamines		
9	F	31	13/17	Inhalants, alcohol	Heavy	Y
10	M	61	25/25	Alcohol	Severe	Y
11	F	60	18/19	Alcohol	Severe	Y
12	M	40	18/20	Heroin	Severe	Y
13	M	58	9 month binge	Crack cocaine	Very severe	Y
14	F	36	22/22	Crack, alcohol	Very severe	Y
15	F	34	8/10	Alcohol	Very severe	Y
16	F	34	4/4	Heroin, cocaine	Very severe	Y

Following are very brief summaries of the individuals concerned. These are deliberately unclear on their current or recent life situations in order to protect their confidentiality. This is unfortunate as this was one of the more interesting part of the findings, and clearly illustrated how well some people had done since often very severe addictions. However, this was considered necessary, particularly as so many of the participants worked in the relatively small world of the substance misuse field and there is some interest already in that field in the findings. As such it is not clear exactly who of the sample is now working in a particular area or has achieved education to a certain level, though these are discussed for the overall sample. The focus of these summaries is more on the problem use itself.

#### 6.6.1 Interviewees in study 1 (Grounded Theory)

Participant 1 was a 36 year old woman who overcame her problematic use of heroin and alcohol eleven years previously with the help of a range of treatment options.

Participant 2 was a 38 year old woman twenty years after four years severe heroin usage as a teenager. She overcame this with the support of a range of treatment.

Participant 3 was a 25 year old woman interviewed five years after a six month binge of heavy and constant 'recreational' drug and alcohol use that almost killed her.

Participant 4 was a 32 year old woman five years after an on and off struggle of several years with very high levels of 'recreational' drug and alcohol use, overcome with no formal or specialist help.

Participant 5 was a 37 year old woman seven years after stopping five years of severe alcohol use (a bottle of vodka a day) without any formal or specialist help.

Participant 6 was a 39 year old woman eight years after eight years of sustained and heavy use of heroin, alcohol and amphetamines, overcome with relatively little treatment.

Participant 7 was a 39 year old woman fifteen years after four years of heavy 'recreational' use, overcome without any help.

Participant 8 was a 41 year old man nineteen years after overcoming problematic sustained and heavy 'recreational' drug and alcohol use without any formal or specialist help.

Participant 9 was a 31 year old woman a year abstinent from the second of two several year periods of problematic and heavy 'recreational' drug and alcohol use, this time supported by AA, the previous time four years of abstinence without any help.

Participant 10 was a 61 year old man 17 years abstinent after 25 years of extremely heavy alcohol use. Unusually for the amounts concerned - up to 90 units a day (a normal 'weak' pint is two units) - he worked (apparently successfully) throughout most of this period. He had experienced a range of treatment options.

Participant 11 was a 60 year old woman 25 years completely abstinent with the help of AA from nearly twenty years of severe drinking.

Participant 12 was a 40 year old man 18 months free from an addiction to heroin that had lasted most of his adult life, which he finally overcame with the help of treatment. He was a good example of someone who despite a serious addiction managed to function relatively well in most areas of his life, not as unusual as may be commonly believed.

Participant 13 was a 58 year old man ten years after a serious nine month crack cocaine binge (up to the equivalent of £300 - £400 per day) that wrecked almost every area of his life.

Participant 14 was a 36 year old woman abstinent for a year from very severe use of crack cocaine and a lifetime of alcohol misuse. She had had several months of treatment to overcome this problem.

Participant 15 was a 34 year old woman who had been completely abstinent for two years from very severe use of alcohol and severe use of crack and cocaine, peaking in two litres of spirits and about £80 on crack and cocaine a day. She had used NA to recover. Interviewed.

Participant 16 was a 34 year old woman completely abstinent for three years from four years of addiction to heroin, crack and cocaine. She overcame this without any specialist help. Of interest was that she had never tried drugs or alcohol until she was 27, and she developed a serious problem almost immediately. It is unusual to develop a problem so quickly, and very unusual to have remained abstinent for so long in the first place.

#### 6.6.2 Explanation and discussion of terms in Table 2 and vignettes above

Interview number is the same one that is referenced in interview quotes

Age is age at time of interview

Length of problem: This is in years, and is written as the number of years where there was problematic substance use out of the total span of years from the beginning to the end of any problem use. For example three years of heroin addiction followed by two years of abstinence and five years of alcohol addiction is written as 8/10, that is, eight years of problem use within a span of ten years.



Main problem substance used: Note that these may not have been at the same time, for example problematic use of heroin may have been replaced by problematic use of alcohol, in which case heroin and alcohol will both have been noted as problem substances. Additionally, where there is wide poly-substance use, for the sake of brevity only the more 'serious' - generally physically addictive and/or destructive - substances are shown, which is not meant to underplay the impact of other misused substances on the subject, or their impact on subjects who only used said other substances. For example heavy poly-substance users may only have heroin, alcohol and crack noted and amphetamines, hallucinogens, benzodiazepines and others left out, though these all may have had a damaging effect and certainly did for others in the sample who did not necessarily have problems with heroin, alcohol or crack cocaine.

Description of problem: Problematic substance use is rarely a steady state, and in practice varies continually in its severity and impact. Additionally, what would kill one person may only impact slightly on another's functioning. In order to attempt to roughly summarise the historical data from the questionnaires and to attempt to bring an objective and professional view on the subject's histories, I have roughly classified their substance misuse into a small number of categories based on my twenty years of professional experience working with these issues and derived from consideration of the substances used, range and extent of impact, length of time of problem, and level of problem at its worst. This is with the caveat that to all the people concerned these problems were serious and very damaging and would certainly be seen as such by 'normal' society. In cases where the responses could be briefly summarised I have also been explicit about the amount of alcohol

consumed or money spent as these figures can give a clearer sense of the degree of a problem. (Spending by foreign nationals has been converted to a rough UK equivalent).

These broad categories are:

Very severe: Sustained and life threatening levels of substance use, often poly-substance use, often virtually the sole pursuit in life at the time, usually all day every day.

Severe: Sustained at a damaging level, occasionally life or sanity threatening, impacting negatively on a number of life areas

Heavy: Refers to heavy 'recreational' use where there is damaging and sustained levels of substance use, but it is not constant at a damaging level, rarely life-threatening, and some other life commitments are sustained to some extent. The term 'heavy' refers to two sub-groups: the more controlled (though nevertheless addicted) users of dangerous substances such as alcohol and heroin; and the heavy and constant users of so-called recreational drugs such as amphetamines, ecstasy and sometimes alcohol (alcohol, like cocaine, is used both recreationally and dependently).

There are a number of levels of substance misuse 'below' these that can be demonstrated to have undesirable consequences, but would be unlikely to fulfil the criteria for this study, and in any case were not presented by subjects.

## **6.7 Questionnaire data**

The following statistics are derived from the larger sample (31) of those who returned questionnaires rather than the 16 who were subsequently interviewed,

Age (all rounded to nearest year at time of questionnaire completion) ranged from 26 to 61 with a mean average of 42 (SD 10, n=28).

There was a bias towards women (17 women, 13 men) of those who returned questionnaires. Of the 16 people interviewed in the GT study, 11 were women, roughly two-thirds. However, the numbers interviewed were not really sufficient to reinforce or challenge some research that has shown some differences in the way that men and women experience recovery (e.g. Hanninen & Koski-Jannes 1999), and mixed findings re PTG (see 3.6.4).

There was also a bias in this study towards people working in the helping professions (broadly defined, approximately two-thirds), and particularly those working with substance misusers (nine people, over a third of respondents). Also, of the 27 who answered the question, all had had further education and all but three had completed a university degree or equivalent (though the interviews would suggest that in most cases this was after resolving their substance use problems). Education pre-addiction, where mentioned varied considerably, but appeared to be above average.

Additionally the complete sample was white, mostly UK white. It would have been interesting to see if there was more to be added to the theory with a more diverse sample.

#### 6.7.1 Substance use data

People were coming from different points in terms of quite how severe their substance usage had been. There were degrees of this in relation

to amount of substances, mode and type of use, indiscriminacy of use and behaviour, and how fast and far they had gone. There is as yet no agreed way of weighing one person's use of substances against another's due to the variety and range of these factors mentioned, but for illustration, use ranged from constant cannabis with amphetamines every other day and all weekend (together with LSD) on the one hand, to 6 litres of strong cider, two grams of injected heroin and 50 mls. of benzodiazepines every day. All felt though that they had had significant problems, the great majority having had significant problems by anyone's definition (certainly in my professional judgement). For example, a number reported the death of peers behaving in a similar way to themselves.

Aldwin & Sutton (1998 p.44) discuss the view that stressors that are rapid in onset, affect multiple life domains and are more severe, are likely to have more impact in the long run, for better or worse. Addictions, particularly those to expensive and illegal substances such as heroin and cocaine often fit the above description, and whilst this study focussed on recovery and afterwards rather than the experience of addiction itself, many of the sample told stories that were of this nature.

#### 6.7.2 Abstinence

26 of the 30 (87%) were abstinent from the substance that had caused them problems, and 12 (40%) were completely abstinent from alcohol and psychoactive drugs. Over half were not abstinent from mood-altering substances, but nevertheless it appeared that their (limited) use of drugs and alcohol was not damaging. (It is worth noting that a small number of authors (e.g. Grof 1993 p.227) - usually with personal or

professional experience restricted to 12-step approaches, and despite the considerable research evidence to the contrary, particularly in the non-treatment literature – are still adamant that abstinence is a necessary prerequisite of recovery and growth). Milam (2004) is one of a number of studies that show an inverse relationship between substance use and PTG.

#### 6.7.3 Substance use age and time variables in the Grounded Theory study

The age of first use of substances ranged from 2.5 years to 27 years, the mean being 12.7 years (SD 4.6). The age of the first experience of being intoxicated or noticeably effected by a substance ranged from 8 to 27 years old, with a mean of 14.5 years (SD 3.6). The mean amount of time between the first ever use of a substance and the first time intoxicated was 1.8 years (ranging from 0 to 12 years).

The age when the person first realised they had a problem ranged from 15 to 37 years, with a mean age of 22.6 (SD 5.7). The mean amount of time between the first experience of intoxication and first realising there was a problem was 8.1 years (ranging from 1 to 21 years).

There were two definitions of length of time with a problem, and some variety in both. The first referred to the number of years where there was an active problem. This ranged from six months to twenty-five years, with a mean total of 8.7 years (SD 6.8 years). The second referred to the span of time in which there had been problems, and included the gap periods where the person had felt they had managed or stopped their problematic use. These (usually longer) periods of time ranged from six months to 33 years, with a mean of 10.7 years (SD 8.2).

There was also considerable variation in the length of time between when the substance use was no longer a problem, and when the questionnaire was completed. This varied from five months to 26 years, the mean being 9.3 years (SD 8.07). Three were less than a year from the point of having overcome their problems, another three between one and two years into their 'recovery'.

#### 6.7.4 Substance use and impact variables in the Grounded Theory study

Eleven (over a third) overcame their substance misuse problems without professional help or the use of 12-step programmes.

The questions as to the frequency of a variety of serious consequences (e.g. harm to mental health, arrest, violence) were used as one of the proxy measures for the seriousness of the person's substance misuse problem. Many of the sample were poly-substance misusers, which the literature recognises as undermining recovery (e.g. Russel et al 2001).

It is worth noting that the concern of McMillen et al (2001 p.77) as to differing PTG effects between treatment and non-treatment populations did not seem to be supported by this study. However, the numbers involved were too small and the range of treatment experience too wide to be able to confidently draw firm conclusions about differing outcomes between the treatment and non-treatment experiences. The differences identified in the McMillen et al study may be at least partially attributable to the impact of specific aspects of 12-step philosophy on people in treatment systems in the USA, and who are still in early recovery.

There were a variety of other variables affecting recovery noted in the addictions literature (e.g. Cloud & Granfield 2001 p.123). Other than those already covered, family history of alcoholism was mentioned by several of the sample in the interviews. Co-morbid psychopathology and antisocial personality were not mentioned as affecting recovery, but rather in regard to the impacts that substance use can have directly on mental health, which was significant in some cases.

## **6.8 Interviewing**

As stated above, 16 of the respondents were subsequently interviewed. Questions were open-ended and designed to prompt or continue exploratory enquiry in a number of areas, as opposed to more 'closed' questions seeking specific answers. The question areas asked about in the GT interview were informed primarily by the research question, that is they were designed to elicit information about the nature of any enhanced growth, and any processes involved. These specific areas of enquiry were at least partly informed by the data analysis in previous research (e.g. Hewitt 2000, 2002). It was decided not to use a similar approach in the first phase to that used by Calhoun & Tedeschi (1989-90) where specific areas were identified from related research and theory and then focussed on. This was in order to avoid limiting the responses, and to limit the impact of reading existing theory on data collection and analysis.

The questions were refined and extended (Appendix 3 is the later version) after the first round of analysis and theory development (after 9 interviews) showed where there were gaps in the data, and where the data could be usefully challenged. "Once categories are established, analysis becomes more focused on filling out those categories and

verifying relationships.” (Strauss & Corbin 1998 p.70). However, the decision not to focus the questions on outcome areas of PTG was maintained, partly for the same reasons as above, but also as the gaps were more present in other areas, e.g. the processes involved, and particularly any stages involved.

Table 3 overleaf shows the interviewing method. This is either face to face, in which case the transcript word-count and the approximate length of time of the interview is shown, or by e-mail, in which case the transcript word-count alone is shown. With e-mail in particular there were sometimes ancillary questions at a later date when I realised that something in the first round was unclear. I have added this into the figures in the table. As mentioned above (and discussed 5.8.2.1), it is worth noting that written responses such as in e-mail tended to be a lot ‘denser’ in terms of data, perhaps several times as ‘rich’ as most equivalent transcripts. Figures are rounded to the nearest five minutes or 100 words. Also note that one participant asked for the tape to be turned off for about twenty minutes while she related experiences she did not wish to be noted in any form.



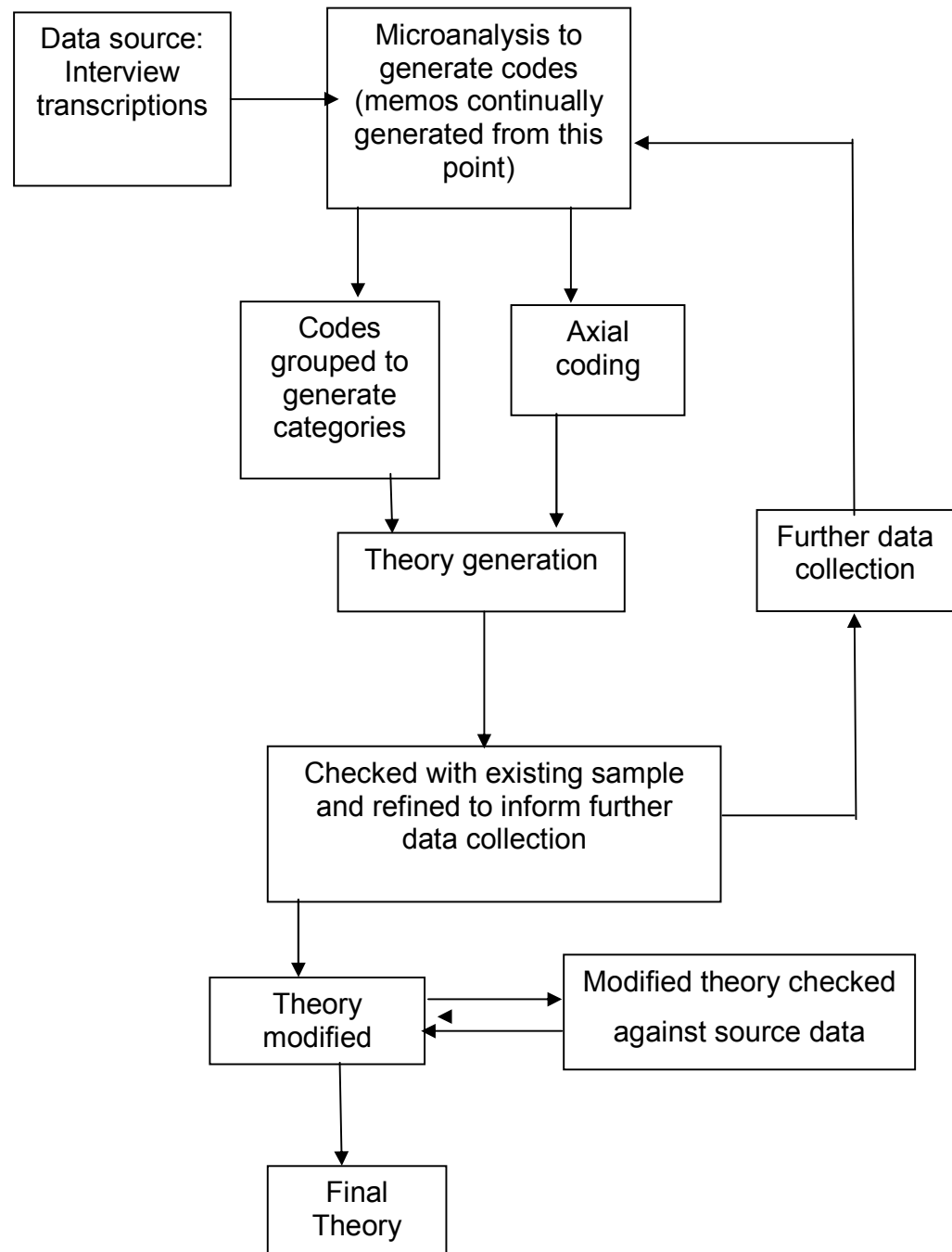
**Table 3 – GT interview details**

Participant ID	Interview Method	Length of face-to-face interview in minutes	Amount of words in interview
1	Face-to-face	1 hr 15 minutes	4,300
2	Face-to-face	1 hr 5 minutes	5,800
3	Face-to-face	50 minutes	3,800
4	Face-to-face	40 minutes	2,300
5	E-mails	N/A	1,600
6	Face-to-face	45 minutes	2,700
7	Face-to-face	1.5 hours	4,200
8	Face-to-face	55 minutes	3,100
9	Face-to-face	35 minutes	2,500
10	Face-to-face	1 hour 40 minutes	9,800
11	E-mails	N/A	1,800
12	Face-to-face	1 hour 25 minutes	8,700
13	E-mails	N/A	1,200
14	E-mails	N/A	1,100
15	E-mails	N/A	1,200
16	Face-to-face	1 hour 30 minutes	7,700

## **6.9 The Grounded Theory data analysis**

In the following sections I describe the detailed stages of data analysis using Grounded Theory, using my own experience in the studies under discussion to illustrate the processes. The stages of the process are illustrated in figure 5 overleaf.

**Figure 5: Data collection, analysis and theory generation in the GT study**



The stages involved (some overlapping) could be summarised as:

1. microanalysis to generate initial open codes
2. grouping codes to generate categories, ongoing generation of memos
3. axial coding for dimensions and relationships
4. initial theory generation
5. checking of resulting theory and core categories with existing subjects
6. using the refined theory to inform further data collection
7. extending and refining theory and core categories accordingly
8. checking resulting theory and core categories against source data
9. refine theory and categories accordingly

#### 6.9.1 Coding

In practice data collection and analysis are largely simultaneous processes. Coding is the pivotal link between collecting data and developing an emergent theory to explain these data, and is the fundamental means of developing the analysis (Charmaz 1983 pp.112 & 125, 1995 p.37).

The first stage of coding is microanalysis. This is the detailed line-by-line analysis necessary at the beginning of a study to generate initial categories (with their properties and dimensions). Essentially there are two parallel stages: initial searching for codes in order to summarise large amounts of data, and focussing on defining the data and codes in order to allow more analytic sorting of the data (Charmaz 1983 pp.113-6).

Software exists to support Grounded Theory, but I chose to use more traditional paper-based methods in order to be more immersed in the data. For the initial coding I read the transcript slowly and carefully, noting the codes in coloured pen in the margins, underlining in the same colour the text they referred to. I used one colour for one-dimensional open codes, such as “satisfaction”; another colour for codes with dimension such as “degree of satisfaction”, and another for relational codes, such as “satisfaction related to challenge”, where the degree of satisfaction was related to the degree of challenge overcome. This detailed coding helps to outline and lay down a framework that preserves the complexities of experience, and thus provides the foundation for developing explanations grounded in that real experience (Charmaz 1983).

Codes (be they events, experiences, objects, action/interactions, etc) that are found to be conceptually similar in nature or related in meaning are grouped under more abstract concepts termed *categories* in a similarly inductive process to that used in generating codes. These categories, their dimensions and their relationships are the foundations within which the developing theory is grounded (Strauss & Corbin 1998 p.66, Styles 1993 p.595). This process also involves suggesting relationships amongst the categories, involving a combination of *open* and *axial coding* (see following). This continues until *theoretical saturation* is reached when no more codes are generated.

#### 6.9.1.1 Levels of coding

There are essentially three levels of initial coding. An example of the most basic level of coding, one-dimensional as such – *open coding* - would be in Interview 16 p.1. The transcript (in response to a question

about how the interviewee feels about their quality of life now) says “*I would say relationships with people were more honest...*” Even within this short sentence there are a number of codes. Firstly, *relationships* is an open code, later to be grouped with others under a category of PTG outcomes, as well as being a category in its own right that covers the features of relationships that reflect enhanced growth and that promote growth in their own right.

This exhaustive process of indexing the data creates a large number of units that can then be further refined and reduced in number by grouping them together to form key themes or categories. This is typically done by summaries, grouping of summaries and using key examples from text to illustrate the point (Styles 1993 p.595). This takes place with all levels of code.

The second level of coding involves theoretical concepts that have *dimension* and is involved in *axial coding*, as well as ‘stand-alone’ open codes. “The purpose of axial coding is to begin the process of reassembling data that were fractured during open coding. In axial coding, categories are related to their sub-categories to form more precise and complete explanations about phenomena. Procedurally, axial coding is the act of relating categories to sub-categories along the lines of their properties and dimensions.” (Strauss & Corbin 1998 p.124) In practice much of this is expanded in memos (see below).

To follow the above example, *degree of honesty in relationships* would be the code (or, more briefly, *honesty*). *Honesty* as discussed here is a two-dimensional continuum, with greater or lesser degrees of honesty. *Honesty* is further defined in relationship to a number of other codes and in memos that say more about the nature of an honest interaction or

relationship, and is itself a sub-category in a group of characteristics of a wider category of *relationships*, which in turn is a sub-group of larger categories, e.g. *positive PTG outcomes*.

The process of axial coding includes the following (Strauss & Corbin 1998 p.126):

1. Laying out the properties of a category and their dimensions, a task that begins during open coding.
2. Identifying the variety of conditions, actions/interactions, and consequences associated with a phenomenon.
3. Relating a category to its sub-category through statements noting how they are related to each other.
4. Looking for cues in the data that note how major categories might relate to each other.

When dimensional concepts are fitted together into a more three-dimensional structure, this is another level of coding. An example may be the interrelationship between *self-honesty* and *honesty*, i.e. that the more someone can be honest with themselves, the more possible it is to be honest with another, if nothing else for the simple reason that they are clearer on the 'truth'; and conversely, the more honesty there is in a relationship, the easier it is for those involved to learn about themselves, thus allowing further self-honesty. And there may be other dimensional codes also involved in this more three-dimensional structure, such as *trust*, *openness* or *courage* in terms of the willingness to take risks.

#### 6.9.2 Memos

Codes such as the above are expanded in *memos*, essentially rough notes elaborating a code – often very freely. These are the tentative

construals at the beginning of theory generation, and may be descriptive, analytic, or both. Memos can also be notes on almost any aspect of the research process. An example of a memo is the real one relating to the above example:

*Relationship - honesty with self directly relates to honesty with others, and in turn directly relates to the quality of those relationships, and therefore directly relates to the quality of life of the person concerned.*

As is apparent there are a lot of concepts within even this one memo that could be (and often were) expanded further in turn, as will be seen in Chapters 8-10. Expanding the code in this way not only deepens and clarifies theory, but also allows for the structure of theoretical frameworks, through elaborating the elements that may be involved in relational structures within a larger theory.

### 6.9.3 Theory generation and construction

As codes are rationalised and grouped into relation with each other, a unified theoretical structure begins to emerge from this process. "...theory denotes a set of well developed categories (e.g. themes, concepts) that are systematically interrelated through statements of relationship to form a theoretical framework..." (Strauss & Corbin 1998 p.22) Strauss & Corbin (ibid p.146) draw attention to the importance of deciding on a central core category as the first step in integration of a theory, and it was clear in the findings that there was such a core category, specifically the *drive to grow* (along the *recovery/growth continuum*, see 8.1 and 8.2).

In any model, much detail is lost in the process of condensing a great deal of data into a readily comprehensible and central theme. An effective model should be coherent, understandable, and recognisable as accurate by participants themselves and those who are involved with them. (This model was checked (in its first incarnation) with those whose experience provided the data, and substantially supported in its formulation). Any model should progress understanding in relation to what was known and understood previously, and should help inform progress on some of the issues that provided the motivation for conducting the research in the first place (Styles 1993).

#### 6.9.4 Theoretical sampling

As theoretical categories emerge from the research itself, it is therefore difficult to anticipate potential areas of enquiry in advance, for example, where categories or theories will need further elaboration than is possible with the existing data. In these cases *theoretical sampling* focuses on filling out a category by pursuing this data (Charmaz 1983 pp.124-5). The GT study can be understood as an example of theoretical sampling in respect to the studies that preceded and 'inspired' it (Hewitt 2002, 2004), and the IPA study could be considered as theoretical sampling in relation to the GT study. More specifically to Grounded Theory, the expansion and development of focus of the interview schedule after the first phase of interviews is an example of theoretical sampling.

#### 6.9.5 Checking the model

After the first phase, the initial model generated was written up more discursively and offered to the interview subjects for consideration. It was largely supported by the feedback, and adjusted slightly to



incorporate some points made. The draft 'final' model was broadly similar, with some variation and more detail in certain areas.

The key elements of this second model were then checked back against the original data. This generated a new, more 'streamlined' set of conceptual codes that then went through the same process of axial coding and grouping that took place after the original open coding. This led to a further refinement of the model. Checking this against the text suggested no further rounds of coding were necessary, and so the model was written up in a more discursive and explanatory way. This final model and the two earlier ones are all discussed in the theory summary (8.2 ff) and the discussion chapter (chapter 9).

## 7 Chapter 7 – Findings from the GT study

### 7.1 Introduction

Themes emerging from the data and discussed in this section were broadly consistent after the first nine interviews. It was from this data that an initial theory was developed and fed back to existing interviewees, who generally supported it. The subsequent seven interviews both affirmed and fleshed out the existing findings, in some cases extending or refining them. Due to the level of consistency between these stages, all the findings are shown together, within the context of the final theory and core categories. These findings are discussed further in chapters 8 and 9.

This chapter explores in turn the main conceptual categories in the data, firstly in broad terms, and then again in more detail as the main concepts are broken down into some of their components, as in table 4 above. Each category is described and analysed, often together with relevant quotes from the data. The overarching theory that arose from this data is outlined in the following chapter.

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*(Quotes - Quotes are referenced in the format (x:y), where x is the participant's ID number, and y is the page in their transcript. The quotes have been 'tidied up' slightly from the original transcripts (e.g. leaving out the "ums", and "ers"). These excerpts from the interviews are used in a number of ways throughout this chapter; for illustrative, representative or evidential purposes, and sometimes all three. Where findings have been distilled and deduced from a large amount of data there are not always apposite or brief quotes. Similarly potential quotes have been avoided where they may have appeared to just repeat or echo a point without adding to it, and repeated or referred to where they are relevant to more than one point.)*

It was not originally the intention of this study to explore the earlier stages and processes of recovery, but rather to focus on subsequent growth. However, it quickly became clear that to separate the two stages in this way was not helpful, not least because it was difficult to separate what is involved in recovery and what is involved in further growth 'beyond' this. This was true both in the respondents' stories and when studying the addictions and PTG literature. All these sources appeared to suggest that recovery and thriving may be points on the same personal developmental continuum, with many of the same factors involved - just more so, as it were. As such, some elements of the addiction and recovery experiences are discussed below.

**Table 4 – Structure of the main categories emergent from the data in the GT study**

<b>Core categories</b>	<b>Main sub-categories</b>
Growth:	
	Drive
	Momentum
	The developmental continuum
	Developmental stages
Growth Capital:	
	Recovery capital
	Existing capital: basic needs, others, upbringing
	New capital
	Attitudes/behaviours: choices, perspective, strength, positive activities
	The social arena
	Meaning

Broadly, the themes involved in enhanced growth and recovery from problematic substance use were found to divide into two principal areas. These were to do with

1. *growth*, i.e. development across a range of domains;
2. *growth capital*, i.e. the internal (e.g. attitudes. traits) and external resources that supported this growth.

## **7.2 The core category - utilising growth capital**

The central theme in the data is that of the interaction between *growth* and *growth capital* in overcoming drug and alcohol problems and subsequent further growth, specifically, *growth using growth capital*. One example of this interaction is in the following quote:

*“...that is key – choice, I feel I have so much more choice now over how my life is, how I am, what happens to me, and particularly how I feel about what happens to me.” (8:6)*

The interviewee is discussing an attitude and an approach (that of recognising choice and making choices) that allows them to develop and grow in the way that they aspire to, the key factor of which (and the one they have the most control over) being how they feel about their experiences. In this quote the growth capital involved is not specified - other than the conviction that there is choice - though it is explicit in many of the quotes in this chapter. Rather the person is referring more broadly to how they live their life, the experiences they choose to have and what they take from their experiences. Both their attitude and these experiences can be seen as growth capital in this particular context.

### 7.2.1 Growth

The first of the two key categories that comprise the central theme in the data is that of *growth*. Most of the sample were firm in their conviction (though two were less certain) that they had grown beyond what would normally be expected, i.e. more than an average person, or than if they had never had their addiction experiences. This could be seen (and was by some) as overlapping with the development and personal growth that may be considered a 'normal' part of the maturation and aging process. Growth was considered by most to naturally possess its own momentum and be in a broadly positive direction, though the specific paths taken varied from person to person. The positive direction of growth is essentially tautological, but the question of momentum is more complex, particularly the extent to which it is necessary for the person to have an active role in order for this momentum to be sustained. This is discussed further below (7.4, 7.6).

For a number of the sample, in this context 'growth' appeared to be considered almost as an extension of the natural urge (visible in children) to grow and develop, for example to learn and discover, to perhaps be biologically 'hard-wired' in the same way as these more recognised and universal human drives.

*"Just as we grow physically, so do we grow mentally, emotionally, and spiritually."* (11:7)

### 7.2.2 Growth Capital

The second of the two key categories that make up the central theme is that of *growth capital*. 'Growth capital' is the range of internal and

external resources that support the person's growth and development in a positive direction. *Recovery capital* can be seen as a part of this, specifically the internal and external resources that trigger, support and sustain 'recovery', in this case defined as the management and overcoming of substance misuse problems. Growth and development can be conceptualised as largely resulting from utilising growth capital to remove obstacles to any natural drive to grow, and/or to actively support and further growth.

Amongst this sample, existing growth capital (and particularly recovery capital) was used to overcome the drug or alcohol problem. Further and new capital was then gained and developed as the recovery process continued, prompting and supporting further growth, and so on. There are a number of such positive feedback loops discussed in this chapter

### **7.3 Growth and development**

A drive to grow and develop, the momentum of this growth, and a developmental continuum along which this growth unfolds, were all distinct key elements of the second-stage descriptive model. Subsequent analysis referring these concepts back to the original data made it clear that these themes were so closely inter-related that they were inseparable in practice, and as such they became subsumed into a new higher-order category of *growth*. This growth refers to the development of the person, their situation, and their understanding of both of these.

*"My life presently is one in which I have more control over and make choices...regarding directions I want to go in...is very good, I am financially independent, free of debt, live rurally, have a job I thoroughly*

*enjoy and which provides me with great challenges...I am in a happy relationship, have built many bridges with family members, and in general could not be happier. The words to describe the quality of my life would include – control, stability, support, love, freedom, choice and challenge.” (5:1)*

#### 7.3.1 Drive

The understanding of what drove growth varied amongst the sample, and several struggled to conceptualise this clearly. A consistent view however, was that this drive was something that they consciously fuelled with their ongoing and explicit desires for change and development.

*“I am passionate about self-reflection, growth and development.” (5:3)*

Many felt that this was founded on an instinctual or innate drive that motivates movement in a positive direction, though this is often and easily blocked. As said above, for some this was seen to be as ‘hard-wired’ as the drive to learn and discover in children’s’ development. All were clear however, that development and growth took attention and energy, and could not just be relied on to ‘magically’ happen.

#### 7.3.2 Momentum

When this drive is allowed to express itself, momentum builds up and continues, though this is not a passive process as in a brakeless car accelerating downhill, but an active process where the person’s attention and energy is integral to this ongoing development and growth. For example, in the following quote, success in one endeavour increases self-esteem, confidence and self-efficacy, thus supporting

further active effort by the person (and hopefully further successes, and so on).

*“...after I got the degree – and it was a bloody struggle – I realised that I could apply myself, so I applied myself to more really.” (12:3)*

None of the sample explicitly described momentum in the above conceptual terms, most rather describing a less explicit range of positive feedback ‘loops’, where positive choices and experience in an area leads to an increased chance of further choices, experience, growth and development in a positive direction.

*“...once you start realising that you can do things, then you entertain the possibility of doing more, and you also get to be a bit of a success junkie...the good feelings that you get about yourself having been able to achieve something, you just want more! [laughing].” (2:3)*

### 7.3.3 The ‘journey’ along a developmental continuum

This development can be seen as along a continuum, or rather an infinite number of different continua, where development is in a direction that is positive for that individual person. Implicit is the assumption that we are all different and have different paths to take towards what some of the sample called self-actualisation or self-realisation, with differing directions and goals according to what is ‘right’ for our different personalities. Whether the changes involved in the recovery process were gradual and incremental, or more drastic and wide-ranging, the person was obliged to think about their future direction:



*“...I think it forces that kind of future focus because you are walking away from everything.” (2:7)*

*“...after that experience, I thought, ‘Oh God, I gotta do anything, no matter what it is, I gotta do anything.’” (1:1)*

This direction may have originally been motivated by necessity and the often very harsh choices involved in addiction (e.g. change or die), but came to have its own more positive motivation.

*“...I did not want the family background that I had, I wanted a life that I was able to define on my own terms. No, I did not have a vision about what I wanted to do, just what I wanted to be...I think the thing that drove me for the first seven or eight years anyway was very much that I wanted to resolve some of the...sheer feelings of self-loathing.....how I wanted to be in me...I did not want to feel the misery of my life anymore....I knew that I wanted to be reflective, I knew that I wanted to be able to give something to people. I mean, these were really clear visions...I knew I had to do a lot of work to get me to that point, so you know, the first seven, eight, ten years was really spent just trying to sort out my issues from other people’s....my family background was horrendously abusive, and trying to sort out some of those abuses of the past and understand how I got to where I got to, and why it became possible for me at a fairly young age to be homeless and addicted was very important” (2:2)*

Most were explicit that they now had a strong sense of meaning, purpose and direction in their life. The efforts necessary to support and maintain recovery were found to have benefits beyond those of overcoming the previous misery, making sense of what happened, and

reducing the risk of relapse. These benefits are the growth capital that is gained, discussed further below. Tied to this was a common emphasis on realising dreams and not missing opportunities, with the sense of direction often explicit in specific goals and aspirations,

*“Well, I think initially it was something about an ambition to fail almost becoming one to thrive in some way.... I’ve done all I could have ever imagined I might have wanted to do really ...So things have gone from ambition to fail, to ambition to thrive, to ambition to just improve general quality of life...” (4:3)*

Explicitly stated by a few people was that “...we are all work in progress” (26:7), and that this ‘journey’ is never finished. This was seen as true for all people, and common to ‘normal’ maturing (at least where it was not obstructed), not just those in recovery or with some kind of post-traumatic growth.

*“I guess we’re never completely sorted, it’s a process not an end state. Humbling though, as a reminder that there is always room for improvement, and I am not necessarily so great now.” (8:2)*

Most of the sample talked in terms of their overall path/journey through life. A few were clear they had rejected expected or offered paths both when they went ‘off the rails’, and subsequently. All reported feeling ‘on track’ now. They felt that while their period of drug or alcohol problems was a diversion on some levels, in an overall context it was not. There were no or few regrets and time was not considered to have been lost or wasted, as all this had contributed to the current circumstances. Without having travelled such a journey they would not be where they were now.

*"I was driven by my drinking experiences initially, by anger at losing five years of my life, but now I realise I am who I am because of that experience, and am grateful in a funny sort of way." (5:3)*

*"...I am where I am, and my life is good and things are going well, you know, I have a much deeper understanding of myself, and I actually like myself now...so that has played a part in my journey to get here really, and getting me well I suppose, and it feels quite amazing when I look back on how I was eighteen months ago, I feel like a different person because I have changed so much." (9:4)*

A few were explicit as to how their substance misuse problems had prompted this growth and development. The experiences were such that they were determined not to repeat them, and/or compelled to understand how this could have happened to them. Both of these required reflection on themselves and their experience, either in terms of what may have contributed to these problems in the first place, or in making sense of and coming to terms with what happened when their drug or alcohol use was out of control. This reflection and re-evaluation described in many of the quotes in this section laid the foundation for change and development in a positive direction, and in the case of this sample, these processes continued beyond the 'work' necessary to establish effective coping, to support an unanticipated thriving.

*"...addiction has caused me to re-evaluate my life, my beliefs about my life and myself." (15:1)*

*"...that was something that I needed to go through...it was part of the process, and everything happens for a reason, and sometimes it's hard*

*to find that reason, and I seemed to have found that...I grew through it and the experience of it...I now realise I needed to go through this, so I don't feel there's any point in regretting the past really...I think it had to happen, I had to go down that slope in order to pick myself up, and like I say I feel happier than I ever have, I don't know if I would ever have reached that otherwise...I don't know that I would ever have reached the position that I am in now without having gone through it to be honest, I think it has given me a reason to work on myself and to look at stuff..."* (6:2,4,5,6-7, also see 2:2 and 9:4 above and 1:4 below)

Three said that they would not change anything even if they could, precisely because they were so content with how things were now, e.g.

*"No, if I was able to go back in time, I don't think I would change it, it's moulded the person that I am now, and made me, getting out of that experience..."* (1:4)

[What do you feel you gained?] *"Everything. I would not be the person I am today or have the gifts to give today had I not experienced every moment of my past."* (11:6)

However, there were mixed views as to whether this 'diversion' was completely necessary, a couple being unsure whether they may have got to a similar developmental point with a lot less pain and struggle.

*"...I regret the fact that I couldn't have taken a shorter route to getting where I was, but then, I don't know whether or not taking a short cut would have actually brought me here, and there is something absolutely, definitely, significant about knowing all that stuff that has happened..."* (4:2)

*“I am physically, emotionally, mentally and spiritually more developed...more than I would have been? I think probably so, I wouldn't have been motivated in this direction, originally by necessity, latterly by inclination...I am not sure I would be where I am now if I hadn't done that. I sometimes wonder if I may have been somewhere better though, but then we could all wonder that, so I don't very often, but when I do it is quite strong...To be honest, I don't have too many regrets, I learnt a lot...and I am sure it has contributed to me being as I am today.” (8:5,10)*

As is clear from the quote directly above, not all the sample were firm in their conviction as to the extent to which their growth was greater than any normal maturation that may have taken place, either compared to people in general, or to themselves in particular.

#### **7.4 Stages in the growth process**

It proved difficult to gather much detailed data on stages in the process of recovery and growth beyond the principal ones of having had a drug or alcohol problem and no longer having one. This appeared to be because few of the sample had reflected previously on this question, and were unable to do so to a significant extent within the confines of an interview. However, extrapolating from the limited available data it was possible to at least hypothesise a more detailed staged process, though the later phases in particular will need further investigation as so few of this sample were able to conceptually break this phase down into separate stages. The subject of stages was focussed on in the follow-up (IPA) study (see 11.2 and 13.3).

There were a number of stages in the process of overcoming the problem, invariably involving a number of 'failed' attempts. These stages are not discussed as though this data was available and consistent, it was not the focus of the research question. Instead we shall focus on the post-addiction stage.

#### 7.4.1 Substance misuse as an (unconscious) survival strategy

For many the addiction itself was a necessary stage in the overall life (and growth) process. The process of addiction and the subsequent recovery was seen by some as having removed or undermined some potential obstacles to growth, though this was in no cases a conscious strategy at the time, but rather a retrospective conjecture or understanding.

Interestingly, this view was most clearly expressed by the women in the sample, at least half of whom felt that they would not have been able to cope with the likely outcome of their life. One group of unwanted outcomes to avoid was an unhappy life blighted by personal pathology resulting from the person's upbringing. In these circumstances it was felt in retrospect that drug or alcohol use may have helped the person cope with levels of psychological distress that would have otherwise completely overwhelmed them. This was often in terms of emotional management, for example suppressing unwanted emotions, or allowing the expression of difficult emotions that needed to come out.

*"I did those things because I was so fucked up, so messed up and just so full of self-hatred...that if I did not do that, I might have jumped off a bridge instead...there had to be some outlet, some sort of way of just getting rid of the shit if you like...the drugs actually ended up saving my*

*life...because it stopped me from being a teenage suicide instead and I think that is probably what would have happened. ...” (2:4-5).*

*“It was understanding that that was something that I needed to go through, or that was how I chose to deal with whatever feelings I was pushing down, it was like it was part of the process....I grew through it and the experience of it...so something really positive came out of it.” (5:2)*

Another outcome to avoid was the unacceptable lifestyle associated with the ‘traditional’ and ‘expected’ life-route (specifically the expectations for women).

*“It’s a good thing it happened really, ‘cos it kind of set me free in a way, in which I suddenly realised, God, I’m free to start doing what I’ve always wanted to do...I think maybe if it wasn’t for the blip, I could have just drifted in to marriage with some guy, and settled down and had babies, and I’d be on valium by now, or in a psychiatric unit, so actually it’s all worked out quite well. So I think in some ways I am very lucky and it’s made me a better person...I wouldn’t be doing [what] I am doing...” (7:1, 5)*

In both these possible outcomes there may be a combination of two processes at work. There is the active taking of another path – an expression of choice and autonomy - and there is the kind of re-evaluation triggered by recovery that will be seen to recur throughout the data.

#### 7.4.2 Stages in recovery and beyond

In the immediate post-addiction stage the addict identity was still very strong and much energy and attention was devoted to not falling back into damaging old ways (see quote in 7.3.3 above).

*“There was a gap, but I filled that at first with the desperate desire not to sink back into that awful suicidal, desperate, frightened state...And I put a lot of energy into avoiding that, and then into building a new life...and into personal growth in general.” (8:10)*

For most there was considerable pleasure and energy resulting from the liberation from addiction.

*“I felt like I had come back to life...I was really driven when I stopped using and started doing things with my life, I was so driven and motivated...really keen and energetic about everything” (1:1)*

*“I have a huge amount of energy available to me that I did not have because most of my energy went into...drinking. Thinking about drinking, buying it, drinking...there was so much energy going into basically concealing the drinking - most of my psychic energy went into pretending I was not drunk...I was coping with a very busy life so half of my mental energies were spent compensating for the drink.” (10:1-2)*

A number acknowledged (in retrospect) that their lives were often still dysfunctional in this early stage of recovery with many negative behaviours continuing, albeit sometimes in new guises.



*“At first I was a mess, I think I was obviously so, I was gone, probably psychotic, though functioning...” (8:12)*

*“...in AA they say we are completely insane when we are drinking, and we can be completely insane when we are not, if we are not working on ourselves, and looking back I think I was ...I had four years when I did not drink or take drugs at all and I was just on my own, but I was completely mad...” (9:2)*

There was often a steady improvement in the material and practical aspects of people's lives, e.g. finances, work, accommodation. This helped support further development.

*“....this was a period of gradual and steady growth, certainly of external improvements, and this brought relative sanity and stability to me.” (8:12)*

There was a gradual change in perspective over time on the drug or alcohol problem and how the person's identity was tied into that, from feeling like an addict, to feeling like an addict who didn't use, to feeling like an ex-addict, to a stage where most did not think of themselves in terms of their addictions at all any more.

*“...I think there is a stage where you've been off heroin or methadone and you still feel like the same person...I don't actually feel like a junkie any more ...I work with somebody in the near vicinity who is a drug user and even though I have been where he is, I feel very different to him...” (12:10)*

*"I used to go on about it loads....but now I don't talk about it anywhere near as much, it's not such a massive part of me...." (1:7)*

*"...it dawned on me that it has been more than 25 years since my last drink or illegal drug use. It has been a long time since I felt a need to count days, weeks, months or even years. This is a reflection of the quality of my life. I do not identify myself as an addict, but as a human being..." (11:1)*

Awareness as to the issues that may have fuelled the problems in the first place, together with the desire to manage challenging and unwanted feelings and behaviours in a healthier way, prompted some of the personal growth oriented work that led to further development.

*"And then through college I did more and more direct personal growth work, and it felt like it was going in leaps and bounds, at least in terms of self-awareness and choices, and I already felt like I was developing beyond what I would have expected." (8:12)*

The wide range of strategies for this often had unforeseen benefits and motivated further change and development.

*"As recovery time lengthened, I discovered a world of excitement and things to learn and do that I had not considered when drinking." (11:2)*

Optimism and self-esteem continued to build, along with a clearer sense of direction forward, usually towards improved quality of life and/or personal growth and development for its own sake. People were aware of the quality of their lives and actively sought to improve it in the areas that were important to them. Measurable milestones were achieved and

appreciated. Over time confidence increased and new challenges were sought and overcome.

*“So things have gone from ambition to fail, to ambition to thrive, to ambition to just improve general quality of life...” (4:3)*

*“...it was like a huge adventure....a big challenge.” (16:3)*

*“...I have learnt so many new things now, overcome so many challenges, that I sort of went up a stage, and am now confident about learning new things in general, that I can rise to whatever challenges life throws at me...I came to realise I could do anything I wanted (well, almost!) and that was like another stage.” (8:1,13)*

Many sought (and found) meaning relating to their experience, together with an increased sense of purpose, direction, etc for their life in general. This often had a spiritual component. For some, there was a significant jump forward several years later, either from a further spiritual awakening, or from the surviving of another traumatic experience.

*“I also began seriously exploring spiritual issues and came to an understanding of a Power greater than myself. That started a long journey which culminated 8 years ago in a conversion to Christianity...I am an adult convert and utterly enthralled with this all-encompassing aspect of my life.” (11:2-3)*

There is considerable overlap between the stages discussed above, but to summarise, a possible descriptions of the stages involved in post traumatic growth in recovery might be:

1. Newly recovered, Still identifying self with problem, still dysfunctional and chaotic
2. Feeling distinct from ex-peers, external situation stabilised
3. Stabilising emotionally and psychologically, though still in limbo. Steady external and material development. Awareness of need to resolve issues from recovery and before, and manage current challenges better
4. Steady internal development
5. 'Normal' life, forward momentum established
6. Thriving in all domains
7. Ongoing growth with periods of levelling off and occasional jumps forward

#### 7.4.3 Time

A number mentioned aspects of the effect of time. This could be time in which things could take place - for example, time to talk - or timing as to when exactly things happened.

*"The most obvious times when you would expect someone to address their drinking such as losing a job, or a relative from liver disease due to alcohol, drink-driving, potential self-harm/suicide attempts, etc (all of which occurred) did not "hit the spot" – it was an internal influence which made me stop and it is hard to explain." (5:1)*

Two mentioned the necessity for time to heal and learn, that this process can't be rushed, or any growth involved may not be embedded and stable in the long-term.

*“The major influence would have to be... [support and]...time to travel on my journey.” (5:1)*

*“I realised there was something about time to heal and learn things, that therapy, etc could not rush a process, or at least only speed it up so much, that it was partly about maturation, and now I think it is like some plants, if they are encouraged to grow too fast they are not stable...I had the tools now, now I just had to do it, and you couldn’t really rush that...” (8:13)*

## **7.5 Growth Capital**

### **7.5.1 Recovery Capital**

Recovery and growth capital overlap considerably. Resources that support recovery from drug or alcohol problems can also support further growth. Examples could be a stubborn determination to reach goals, or the presence of a number of supportive friends. Of this existing recovery capital, some of these resources were already possessed, some were to hand, and in all cases their effective utilisation was of benefit.

#### **7.5.1.1 Existing capital – basic needs**

For a number of the sample, the impact of their substance using lifestyle was such that during their addiction they had been struggling to meet even their basic needs, e.g. safe shelter or an adequate diet. Others already had an essentially OK place to live and enough money to survive. For all though, having these basic needs met was of

considerable value, freeing them to put energy into recovery and supporting areas.

*“....I think what the thing was that made everything possible was having some financial stability.” (2:2)* [Referring to welfare benefits at this point, to receiving a full student grant when making the same point later in the narrative]

*“But the chief “external factors” would probably be the fact that I have an assured (albeit low/moderate) income from a retirement annuity, and a place to live that is paid for, comfortable and ‘stable’.” (13:1)*

#### 7.5.1.2 Existing capital – supportive others

Supportive others were mentioned by all as a source of a considerable quantity and variety of *social capital*, for example, emotional support, inspiration, work opportunities, and accommodation. The data suggested slight differences in emphases of the role of family and of friends, though not exclusively so. Family (usually, but not always parents) appeared more crucial at the basic level, for meeting basic needs, and for being there when other people were not. (It is worth remembering there were some family relationships that were seen as so damaging that the healthiest thing was to not engage). Friends seemed more help in the recovery and growth processes, the “...*therapy of friends*” (2:2). Additionally, there was the impact of members of self-help groups such as AA and NA.

*“The major influence would have to be people who thought I was worth being supported ...” (5:1)*

*“If there is one single factor I think important in my recovery it is Hope...they [AA members] ended up giving me that hope in BIG doses [caps in original]. They were sober, and they were enjoying life. That’s a tremendous testimony for one like myself who had already come to the conclusion that (1) I had to quit drinking or die, and (2) life was going to be pretty damn miserable from that point on.” (11:3-4)*

#### 7.5.1.3 Existing capital –traits and attitudes

Almost all identified traits and attitudes that they felt were intrinsic to them, which had been present throughout, and in some way had been very useful in supporting recovery and sometimes subsequent growth. A number of these traits had been problematic in their expression in the past, though had been invaluable when refocused and channelled in a different way. For example, a number of the sample wanted to do whatever they did as well as they could, whether that had been to take more drugs than anyone else, or to function well in relationships.

*“...I seemed to be suffering from some misplaced ambition in that I would take lots of drugs...” (7:3)*

*“I guess central to getting here is a built in ethic around work and needing to not only to participate in something meaningful in terms of occupation, but also to do it with some degree of enthusiasm...” (4:1)*

*“I think the fact that I’m stubborn helped, because I was stubborn in the fact that I continued my addiction for quite a long time...But once I got into seriously trying to stop...I became really stubborn about it...” (12:5-6)*

#### 7.5.1.4 Existing capital – the legacy of upbringing

Upbringing was seen by many as – for better or worse – significant in contributing to how they lived their lives. This was a mixed picture, both for individuals and amongst the sample as a whole. The more damaging aspects of their childhoods are not covered here, as such experiences and their impact are well recognised and explored in the literature. Rather, the focus is on influences that ultimately supported growth and recovery, even when these may have been damaging in other ways or at other times.

*“....deep down, I knew I was capable of doing whatever I wanted to do really....I didn't have a terrible childhood, I wasn't abused or anything that really kind of bashed my confidence, I think I just liked to take lots of risks and liked the excitement...” (1:2)*

*“I owe much to my parents for instilling in me qualities of perseverance, determination, and intellectual curiosity. These traits proved of immeasurable value in achieving and maintaining sobriety as well as giving me the foundation for developing a lifestyle totally devoid of alcohol and other mood-altering chemicals.” (11:3)*

A theme for at least two-thirds of the sample was that of some form of standards, morals and ideals that had been internalised from their childhoods, sometimes despite severely contradictory messages. For many, the gap between these standards and the reality of their substance-using lives triggered reflection and action, motivating and directing choices towards positive change and growth.



*“To have that ‘what’s right and wrong’ thing, and not to have it lectured to you, but just to have it demonstrated to you on a daily basis and just absorbed, and just to be nice people.” (2:7-8)*

*“I therefore had bench marks, and...there was a clear comparison, that's what I am or was, and this is what I seem to be now, how the hell did that happen?...I could see where it went, and it just went into oblivion and worst-case scenario...I had a comparison and I had my own moral standards...I thought, I don't want to be like this, I have got higher moral standards, than this...I think even persons that are using huge amounts of substances have things in place, such as past benchmarks, learnt behaviour from the past - positive learnt behaviour. I came from a family that loved me very much, that support, values, standards and religion... morality is a really big thing, because I had to make a choice and decisions about what I was going to do with my life and that involved...looking around me at who I was mixing with, because I was an extension of them, and they already disgusted me in some way because of their behaviour...” (7:2-3, 7-8)*

## **7.6 Newer sources of capital**

Some recovery capital was utilised in order to support recovery and change. Further capital was both sought and gained as part of this process, facilitating yet further growth and development, which in turn generated further capital, and so on.

Most were very positive about what they had gained. The general view was that life was very different indeed from when there were problems with drugs or alcohol. But things had not just returned to ‘normal’, they were beyond people’s expectations, many being confident their quality

of life was significantly better than most other peoples', and that they were more developed than they otherwise would have been: emotionally, mentally, spiritually. All reported feeling generally happy, positive, stable, satisfied, and fulfilled. A number said that many of their dreams had been realised.

*"Oh God, fantastic...we all have complaints about our life, but my complaints are far outweighed by all the other positive things. I have a job I love. I have a partner who is fantastic. I've got a house I enjoy... yeah, I feel fantastic about it...quite literally every now and then I wake up in the morning and I think "good Lord, how did I get here", you know, I literally don't quite understand sometimes how I managed to get here."* (1:2)

*"It is just immeasurably different, you have no idea! Mostly things are the way I want them to be, and when they're not, I generally cope with it fine, better than most people I know really. I love my life in so many ways, my work, what I do with my spare time, my kids, places I go, things I do, etc."* (8:1)

*"The quality of my life now exceeds my wildest expectations. Today, my life is full and I have many responsibilities. Today I am not afraid to wake up...I look forward to each day."* (14:1)

There were some exceptions to this positive view, usually from people who were at an earlier stage in the recovery process, when the novelty of the awareness of how bad things could be had worn off and was not always compensating for the struggle to progress and how far it seemed there might be to go.

*“..the quality of my life is definitely better, but its not been the “be all and end all”, you know...its not just a matter of giving up heroin because you just transfer it [i.e. transfer that behaviour to other areas of life, in this case, relationships and work]...definitely I’m struggling [laughs], but I’m not as bad as I was...you spend a year and a half trying to come off these drugs and now you are ready for life, and where the fuck is it? Where is my reward? Because you always want bloody rewards...sticking a needle in your arm is a reward at the end of the day.” (12:1)*

#### 7.6.1 Attitudes/Behaviours gained and developed

There were a range of ‘new’ beliefs and attitudes that had a powerful impact on the way the person saw the world, consistent with choices and behaviour in a positive direction. Many of these were interwoven with each other into a generally constructive and actively growth-promoting approach to life. This was often explicitly fostered by the person, though perhaps becoming more unconscious over time. The divisions below are somewhat artificial due to the interrelated and overlapping nature of many of the themes discussed, but hopefully support understanding and analysis.

Associated with these attitudes were a range of often conscious strategies expressed in aphorisms such as *“you have to deal with the cards you are dealt”* (12:7), and perhaps the best known one, used by many of the sample – not just those who had 12 step experience – to live by the maxim *“one day at a time”*.

#### 7.6.1.1 Making better choices

All the sample held the belief that there is always *choice*. This can be choice over actions, and/or how one feels about one's experience. There was always the possibility of a more positive (i.e. growth-supporting and life-affirming) choice than a negative one, whether this was a choice of perspective or a choice of action. From this comes the view that we are essentially the sum of our choices.

*"I chose life and keep choosing life..." (15:2)*

*"I suppose there is always an element of chance and luck, but I think also I chose to have a different life" (1:5)*

*"... you have no control over what happens to you but you do have control over how you process that experience..." (10:5)*

*"I have learned to choose my attitudes better." (11:4)*

A commonly discussed attitude/approach related to choice was the necessity of cultivating and maintaining *awareness*. This was both in order to be clearer what and where choices were, and in order to judge the degree of congruence, i.e. the extent to which the person's experience felt right for them.

*"...now I am a much better judge as to what I am really enjoying, as opposed to what I think I should be enjoying...I am vastly better at judging what is OK and trying to stick to what is good for me...." (8:4)*

Associated with awareness and action related to choices is the view that *responsibility* for those choices lies with the person.

*“it only began to get sorted out when I realised on a very basic level that it was down to me and nobody else, and nowadays I pretty much have that view about all of mental and physical health...the trouble that the kids I work with get themselves into...is down to them basically, despite how they grew up and in whatever circumstances...I think we are the sum total of our choices” (10:4)*

*“...looking at your life, and dealing with the demons...and life as it is...Living life...not running away...” (4:1)*

Some accepted this was sometimes difficult, though this was always in reference to other people (who were disabled in some way, e.g. by their upbringing or circumstances) rather than themselves.

*“Of course you have got to take responsibility, I believe that, but I don’t think you always can.” (3:3)*

#### 7.6.1.2 Developing a better perspective

Another common example of a ‘new’ approach or attitude could be described as *being positive*. This was a combination of fostering hope for positive outcomes, being prepared to work towards those outcomes, and choosing to interpret experience in a positive way. Awareness of and belief in positive outcomes was reported by many as vital to both recovery and growth. There was a momentum in this positive feedback loop of perceived success increasing confidence, self-esteem and self-

efficacy, and thus increasing the chance of further positive outcomes: success breeding success.

*“...I sort of told myself that I had been successful in the past and I could do it again...” (16:1)*

*“I am generally very positive, known for being so, even with very difficult challenges, and this isn’t just a posture or a pretence or a choice, I have just come to realise this is how I am, and that this came out of my experience, a sort of positive feedback loop. Actually this is one of the best indicators for life, in that if I start to feel that I am becoming negative or losing confidence, etc, then it is time to make some changes...” (8:5)*

*“...everything was so bad, it taught me, really strongly to try and make things positive, and I’ll never not do that, because there is nothing else you can do.” (7:5)*

*“you just try and think about the positives, you have definitely got to be positive about it, what else is there?” (11:8)*

Related to being positive was *acceptance*. This was mentioned by nearly all: acceptance of themselves – being more content with life and allowing growth; of others – making relationships more harmonious and mutually supportive of growth; and of their experience – making life more pleasant, more positive and also more supportive of growth.

*“I feel so much better about myself, even things that ideally would be different I sort of accept the way I would accept them in a friend, no one’s perfect...” (8:5)*

*“...getting to know myself properly for the first time, and feeling comfortable with that...liking myself more, and that sort of impacts on everything in my life...I learnt that actually I’m not meant to be perfect, and its OK not to be perfect...” (6:1,4)*

*“I have learnt not to compare myself to anybody else, to be content with where I happen to be in the world at this time...” (10:2)*

*“I have got a much deeper understanding of myself and I actually like myself now whereas I used to hate myself and I had no confidence...” (9:4)*

Perhaps an extension of this, and certainly integrally related, was the attitude of *appreciation* mentioned by several, where people were appreciative of themselves, others and their experience, and often actively fostered the development of this attitude. This appeared to make life more satisfying.

*“I am better in loads of different ways. Now I appreciate my friends and good people and surroundings and that....” (3:4)*

*“...I am aware that things can change...I’m in a very happy relationship, and well that doesn’t mean it will last forever just ‘cos it feels great now...I always think appreciate now, you never know when its gonna completely change....” (1:4)*

A similar concept was that of *openness*, mostly to learning from experience and to growth opportunities.

*"I certainly see life from a Buddhist perspective, that it is a mystery school, a place to come and learn some things...no human being knows where they are likely to come across a surprising experience, it does not have to be done in any set formula or through any organisation or any spiritual or religious situation. You could have the most shattering moment talking to someone at a bus stop. They just might say something that would completely take you somewhere else...some of my best teachers have been my clients...I just keep myself open to any encounter, even if it is only at the check out in Safeway, it could be the most meaningful thing that has happened in my life." (10:2, 5-6)*

Perhaps related to the above was the attitude of cultivating perspective. There was not one consistent view on this, but rather a group of attitudes and behaviours. These included awareness of the inevitability of change, and of the existence of choices, and of some distancing of oneself from reacting to experience, for example in relation to a choice of actions and reactions. This overlapped with a similar theme of *wisdom* where people felt they had learnt a lot, about themselves, others, and life in general. Many spoke of a revised clarity as to priorities, that these were different, more personally meaningful.

*"...now I always appreciate it when things work out, and I can handle it when things don't...." (3:4)*

*"...the other thing is sort of keeping things in perspective and keeping them in the day, which you know is a big AA thing, its also a thing Jesus was saying, Buddha was saying...very much about focussing on the now." (9:2)*



#### 7.6.1.3 Strength

*Strength* was a theme covering a range of aspects of people's experience; including stamina, fortitude, certainty, confidence and courage. Mentioned a number of times was the conviction that as a survivor of extreme experiences, the person knew first hand that they could prevail against life's challenges, that whilst they may lose sight of it, things could and would work out, or at least they could cope fine.

*"I do feel very strong, like nothing could really get me back there."*  
(8:10)

Recruitment criteria were such that it was likely that at the time of interview people would generally report positively. However, not all felt indestructible, and at least one subsequently reported feeling overwhelmed by particular combinations and sheer quantity of challenging life experience.

This 'strength' was not just a question of a knowledge of being able to prevail, people also felt stronger and believed that they were stronger, as if they had been tempered by their adverse experiences of addiction. Many paraphrased Nietzsche's "That which does not kill us makes us stronger" (from *Thus Spake Zarathustra*).

*"I know there is just nothing that is going to take me back there again...nothing will ever break me again, because I think once you put yourself back together again, you know pretty well how strong you are..."* (2:5)

*“A much greater degree of self-sufficiency and confidence that I will, somehow, muddle through. I suspect my feeling is similar to that expressed by many people who’ve undergone ‘near-death experiences’. They often remark that they have a new appreciation for each day, and can ‘roll with the punches’, get through those inevitable ‘slings and arrows’ with more aplomb.” (10:3)*

#### 7.6.2 Positive activities

Most developed ‘new’ activities/behaviours, etc that were healthy, positive, healing and growth-promoting, usually consciously and explicitly.

*“I have a daily practice of meditation and doing yoga, I have changed my diet completely, I now look after myself, and that’s my goal you know, to look after myself, and keep myself well and sober...It is a healthy thing to be addicted to, there are worse things I could be doing.” (9:4)*

*“I did not know the hidden quality of living here in the country...in a very kind of pantheistic way the healing of this piece of countryside has taken me over, and I walk in it, I run in it and I swim everyday, and the most important quality of all which has been the most beneficial is silence...I learnt meditation...I simply follow the prayer and sit in silence for a lot of the time, and it is incredibly healing.” (10:3)*

#### 7.6.3 The social arena

The areas of significant change grouped into those concerning the individual, and those concerning their interaction with others. Most of

the sample reported an explicit and purposeful change as to the people in their social sphere. Generally change was towards people who either directly or in the quality of the relationship promoted the person's growth in some positive way.

*"...it took a while to break contacts off and lose track of people...[Question: was that conscious?...]...definitely, and also because of what I had told you [about the crisis caused by substance misuse], I wanted to close the book on that part of my life entirely, I didn't want to be around those people, I wanted to move on, so, yes, it was conscious..." (7:5)*

*"I had to choose all of my friends all over again. It was like a completely blank page starting again, 'cos basically nobody knew me or had any preconceptions about me, or what I was like, and that was a privileged position to be in...'cos I was like this new person, I didn't have anyone to drag me down or anyone to follow." (3:5)*

Emphasised by most of the sample was a change for the better in the nature and dynamics of relationships, including changes in the way of interacting in existing relationships, e.g. with family.

*"I had always been involved with men that were really, really bad for me...that I felt sorry for and were really fucked up...being with men like that was very safe...I was in control...I've gone out with all of these people who really did drag me down...I've looked and changed my whole attitude of who I was being friends with, who I was going out with, completely changed, so partly I've got what I've got because I've completely changed the whole way I was doing it..." (1:5)*

*“My relationships are generally better, particularly my close ones, kids and family...I think my love relationships are a lot better too, though how much that can be put down to simply maturing I don’t know.” (8:3)*

The quality and nature of these relationships closely reflected many of the themes discussed in this chapter, as it was often in these relationships that these ‘new’ attitudes and behaviours were made manifest, the nature of the interaction in turn directly supporting the person’s growth.

*“In summary, I have learned to think more and talk less, to compliment more and to judge less, and to express my gratitude more often than my complaints.” (11:4)*

*“People in my life now are those I trust, love and very much respect, they act as inspirations/mentors or provide me with unfailing support – I am a good person to have in your life! I look more at how I interact with people...I also am far more forgiving and non-judgemental, tend to give people the benefit of the doubt.” (5:2)*

A commonly expressed theme (in all areas, though most emphasised in the social) was that of getting out what was put in, for example, positive and supportive ways of relating to others encouraged the same in return. This view was extended by some to life in general.

*“I would say relationships with people are more honest, you have to get honest with yourself to realise that you have got a problem that you have to deal with, and that for me is just following through to all the areas of my life, so I think being more honest with people brings better relationships, and general quality of life...” (9:1)*

There were often fewer 'friends' but of higher quality, and there was a positive peer group effect. There was also considerable social support on many levels that could be thought of in terms of social capital, both concrete and emotional.

*"My friends are probably one of my biggest things...instead of the fifty people that I would know, I now have 5 really good friends, and it's not conditional...they are the family that I've chosen and are so important to me...Friends have made a really big difference 'cos they have supported me..." (6:6)*

*"...there was a tremendous amount of support within the Lesbian community." (2:3)*

*"...having friends who are in the same situation who you can phone up and ask, "How did you deal with this and what do I do?" I was talking to someone this morning in recovery but she does not have children, so if I have got an issue with my kids I know that she is not the one I can go to, but I have got friends with kids, who may not be in recovery..." (9:1)*

A number spoke about their addiction in relationship terms. Of these, all were clear that their love of and dependency on drugs or alcohol had the elements of a dysfunctional and abusive relationship, appearing to offer benefits, but actually causing much harm. This demanding relationship with drugs or alcohol made it difficult to have satisfactory relationships with people, who were often likely to be of secondary importance to this primary relationship to a substance. Of note were the comments by a few people that addicts could not be thought of as real friends as their first commitment was to their drug and the addiction undermined

authenticity in relationships. Additionally, the compulsive manner of relating to a substance did not work well when used with people, e.g. people could not provide instant gratification.

*“...for twenty years... my major relationship was a bag of brown powder. I decided when I took it, and I decided when I didn’t take it, and I decided that I would deal with those consequences...And you manage it. Well, you can’t do that to people...you want to see somebody and be with them, and you want them there. [snaps fingers] If they go away for the weekend or whatever, you get this rage.” (12:2)*

## **7.7 Meaning**

*Meaning* was a particular concern for many, though in a variety of different areas, e.g. their addiction, themselves, and life in general. Meaning as an outcome was a source of capital, as was meaning-making as a process. All had successfully striven to make sense of and find meaning in their experience of drug and alcohol problems, and a number felt that this was crucial to further development and growth.

*“...there was an incredible power in realising that it was not just me, but that there are social processes that connect to this...” (2:2)*

As well as being able to make sense of their experience of drug or alcohol problems, most had some level of meaning/answers/understanding relating to what one described as the ‘existential’ questions, for example what was the meaning and purpose of their existence, what direction were they going in? This understanding could come from a variety of sources, often eclectically

gathered and self-constructed, sometimes widening over time from an initial single source, such as 12-step philosophy.

*“And the other thing was astrology...it seemed to bring order to the terrible chaos. I think it did this by helping make sense of myself and what had happened to me. It also provided a structure, a framework to put all this understanding and awareness into, and relate all the bits, like what happens in an astrological chart...I know for me it was absolutely invaluable as a structure for exploring my self and my experience and putting it into some kind of framework, absolutely invaluable.” (8:7)*

A few were explicit that we create our own meaning and purpose, either in the sense that it is there to be found if we look for it, or in the sense that we can choose to live life in a meaningful and purposeful manner.

*“...life has meaning and purpose and direction. I feel I create that, and it is not always clear, but is there to be found if we look for it. Before I thought life was... essentially meaningless.” (8:4)*

Most still valued meaning, in that it was important to them to live lives that were meaningful and made sense to them. Many were passionate about this endeavour, often explicitly committed to growth and development. For at least half the sample, there was involvement in spiritual and/or religious approaches or practices. In all these cases there was an emphasis on this as a meaningful and engaged endeavour, not just a habitual one.

*I do think that having the [AA] programme and using the spiritual side of things...has made a massive difference actually...the first thing I would do if a problem comes up...I have a conversation, I have an inner*

*dialogue with what I see as God, or people call a higher power or whatever it is...” (13:2)*

*“...what is the meaning of life has changed, and I can now accept spiritually that I am in this incarnation for a very good reason....I certainly see life from a Buddhist perspective, that it is a mystery school, a place to come and learn some things...” (10:2)*

## **7.8 Summary**

To summarise, there can be considerable development and growth involved for those who have actively overcome a drug or alcohol problem. This begins with the process of recovery, using available internal and external resources (recovery capital) to help in leaving behind unhelpful behaviours and attitudes from both before the problem and generated during that time. Part of this process is to actively make sense of the experience.

These processes of developing understanding and changing one's life continue, driven actively and consciously by the person themselves, utilising existing and newly developed internal and external resources – growth capital – to continually grow and develop across a range of areas and in a direction that is meaningful to that person. This is all summarised in more detail in the next chapter.



## **8 Chapter 8 – Further analysis and development of theory from the GT data**

### **Enhanced growth in recovery from addictions - core theory**

#### **8.1 Introduction**

Grounded Theory research aims to develop theory (Chamberlain 1999 p.184). The theory emerged from the GT data in stages with the iterative process of data analysis. Each stage resulted in an interim theory or proposition that was then used as a basis for further investigation of the original data. These propositions built on each other such that key codes were progressively identified and established at the same time as the theory was refined.

For the sake of brevity, throughout this section the summaries of the core codes are referenced back to the relevant sections in the last chapter rather than repeating quotes from the original data.

#### **8.2 Interim proposition 1 – The drive to grow**

As discussed in 6.9.5 interviewing was essentially in two stages. Initial analysis from the first nine interviews was used to develop an interim theory summarising the experiences described. This was an outline of the views (at that point in time) of the people interviewed, in the form of a theory grounded in the experience (hence the Grounded Theory approach) of what is involved in enhanced growth in recovery from addictions. This interim proposition can be summarised as the existence of a *drive to grow*. This may begin as a drive to escape from

the unpleasant state of addiction and/or problematic substance use, but becomes a drive to develop and grow beyond just recovery.

### **8.3 Interim proposition 2 – Recovery capital supporting the drive to grow along a developmental continuum**

The initial interim theory generation was used to adjust and refocus the remaining seven interviews. A second interim theory was then developed from the data collated and analysed from both groups of interviews.

Interim proposition II builds on proposition 1. For those interviewed, the recovery from addiction has a *momentum* that promotes considerable growth and development in a range of areas. This is powered by an internal *drive towards growth*, which together with the use of available and created internal and external *resources* can lead to enhanced growth beyond what may normally be expected. This range of approaches and processes that support growth can be considered as *growth capital*. Core and closely inter-related categorical concepts in the proposition are *recovery capital*, *growth capital*, *developmental momentum*, *the drive to grow*, and the *continuum of growth*. The core category (in Grounded Theory terms) is the drive to recover and then thrive, specifically the *drive to grow along a developmental continuum*.

It was these core categories of the second proposition that were the subsequent focus of the third phase, of a re-analysis of the original 16 interviews, noting what was said about these particular core concepts, again using Grounded Theory methodology to collate these findings. This further deepened the analysis. It was clear however, that there were still areas requiring richer data for analysis, and these were

focussed on in the subsequent (IPA) study. The similarities between recovery and growth capital were such that they were taken to be one category for the third phase, that of *growth capital*.

As such, the concepts that were focussed on in the third phase were:

- growth capital
- the drive to grow
- developmental momentum
- the developmental continuum

#### **8.4 Final theory - utilising growth capital**

The central theme in the data is that of the interaction between *growth* and *growth capital*, specifically the utilising of existing capital, and generation of further capital (see 7.2). In this context 'growth' is considered as partly an extension of a natural urge (visible in children) to grow and develop, for example to learn and discover; and partly an active and conscious process. Growth was considered to possess its own momentum and be in a broadly positive direction, though the specific paths taken varied from person to person. As such, the closely inter-related categories from Interim Theory II of the drive to grow, developmental momentum and the developmental continuum are all here collapsed into a new core category of *growth* (see 7.2.1).

'Growth capital' is the range of available internal and external resources that support the person's growth and development in a positive direction (see 7.2.2). *Recovery capital* can be seen as a part of this, specifically the internal and external resources that trigger, support and sustain the overcoming of substance misuse problems (see 7.5.1 ff).

The process of growth and development can be conceptualised as being (at least partly) concerned with utilising growth capital, both to remove impediments to the natural drive to grow, and to actively support and further personal growth. (This theory may have the potential to be more widely relevant, not just to those who have had drug or alcohol problems). Existing growth capital (more specifically, recovery capital) is used to overcome the drug or alcohol problem. New growth capital is gained and developed as the recovery process continues, prompting and supporting further growth, and so on. There are a number of such positive feedback loops that support the momentum of such growth. The main components of the theoretical model are further elaborated below.

#### 8.4.1 Personal development and growth

A core category is *growth*. This was seen (7.3) as a natural phenomenon operating at an almost instinctive level, though in the context of this study it generally involved a conscious commitment to personal growth, albeit perhaps not in those terms and certainly varying in what that meant from person to person. This was partly the kind of development and personal growth that may be considered a 'normal' part of the maturation and aging process, but also included growth that was felt by interviewees to be beyond what could be expected. What was unclear from this study and worth exploring, was the extent to which this growth was greater than any normal maturation that may have taken place, either in general, or for these people in particular. As addiction often undermines development, had people just got back to the point they may have been at had they not had these problems? This question was explored further in the following IPA study.

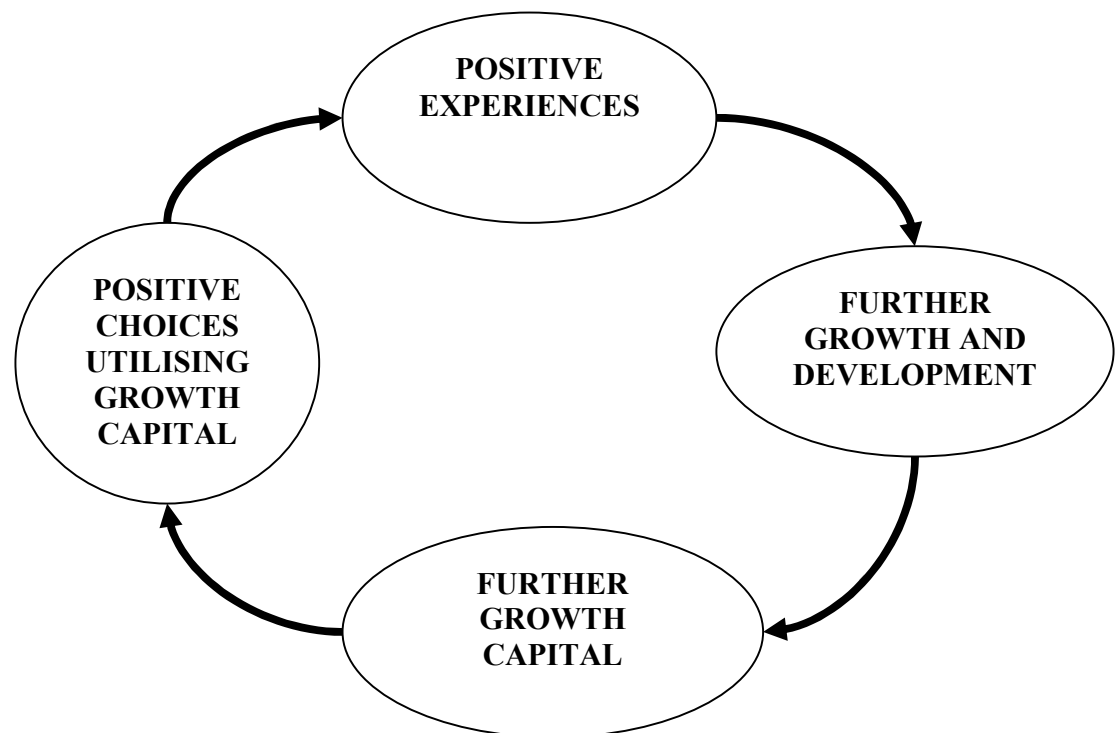
This growth is along a *developmental continuum* from recovery to thriving, though with some variety as to how that is made manifest. Views (7.3.2) as to the dynamics of the specific processes involved vary, but were relatively limited in this study, hence the rationale for choosing a more potentially 'articulate' sample in the second (IPA) study. At its most developed, growth is actively worked with through an ongoing explicit and conscious awareness of what helps and hinders growth and development, and choices continually being made to go in this forward direction. A number of factors and strategies support this process, and there are a range of positive outcomes.

Momentum develops as this drive is expressed, though this is an active rather than a passive process, where the person's attention and active input is necessary. When this is removed the momentum may also cease. Feeding this momentum are a number of positive feedback loops, where positive choices and experience in an area leads to an increased potential for further positive choices, experience, growth and development in a positive direction. The pattern for these feedback loops is illustrated in the diagram overleaf.

A specific example might begin with a process of reflection (a skill that is growth capital) on the kind of people one would like as friends. This informs subsequent choices of friends (many aspects of the making of positive choices are growth capital). 'Better' friends are likely to be both more pleasurable to be with and more promoting of further growth capital, both as a direct source of such capital themselves (e.g. practical support, inspiration) and indirectly, e.g. an accepting and supportive relational style promoting reflection and personal development. The associated development and increased capital strengthens the potential for positive choice-making and implementation, completing the feedback

loop, though now at a 'higher' level of functioning. Other examples of positive feedback loops are discussed in 9.5.4 and 9.5.5.

**Figure 6: Positive feedback loop of active choice, resultant experiences and associated growth**



This development is along a continuum, or rather an infinite number of different continuums where development is in a direction that is positive for that person (7.3.3). Implicit is the assumption that we are all different and have different paths to take towards what may (in Maslow's terms) be called self-actualisation or self-realisation, with differing directions and goals according to what is 'right' for our different personalities. "*We are all work in progress*" (26:7), and the journey is never finished.

All of the above implies some sense of direction. People felt that life had meaning purpose and direction. These were often implicit in specific goals and aspirations. There was an emphasis on realising dreams and not missing opportunities. This direction may have evolved from necessity and the often very harsh choices involved in addiction (e.g. change or die) but came to have its own more positive motivation (e.g. 7.4.2). Specific drivers and motivators would change and develop over time. Choices, attitudes and strategies that supported recovery from addiction were found to have often unforeseen benefits and to support further growth and development.

Change away from the damaging compulsive/addictive lifestyle was prompted by a growing sense that it would be intolerable to continue in this way. This came about either through desperation as life was so unpleasant as a result of the addiction – and there was some sense that this could be different - or because of the growing tension in awareness between the person's standards, morals, ideals, values and dreams on the one hand, and the reality of their life on the other (see 7.4.2 and 7.5.1.4). These motivating drivers continue post-recovery - albeit in a usually less stressful and drastic form – and are part of the process of active growth discussed above

Gradually the motivation changes from a 'negative' one of getting away from the pain and discomfort to a 'positive' pull towards a better state (7.4.2), and it is this drive to live dreams, embody ideals and values, and grow and develop as a person that leads to and maintains the kind of enhanced growth reported. Within this ongoing development is a fairly consistent group of outcomes and strategies operating, albeit in different ways at different stages, as well as a general belief that these experiences had all been for the best as they were part of what had led

to the present satisfactory state (7.4.1). All the sample described confidence and certainty in relation to life having meaning and personal relevance (7.4.2 and 7.7).

Central to this theory of enhanced growth in relation to recovery from addictions is the interwoven and inseparable nature of most of the outcomes, strategies and processes utilised to support growth and development. Many of the strategies used in recovery (for example, reassessing the impact of social contacts and changing the social scene accordingly), as well as continuing to be valuable strategies for ongoing personal growth, are contributing directly or indirectly to a range of positive outcomes (e.g. positive, stable and nurturing relationships), which themselves support and create further growth-promoting experiences and approaches.

#### 8.4.2 Recovery and growth capital

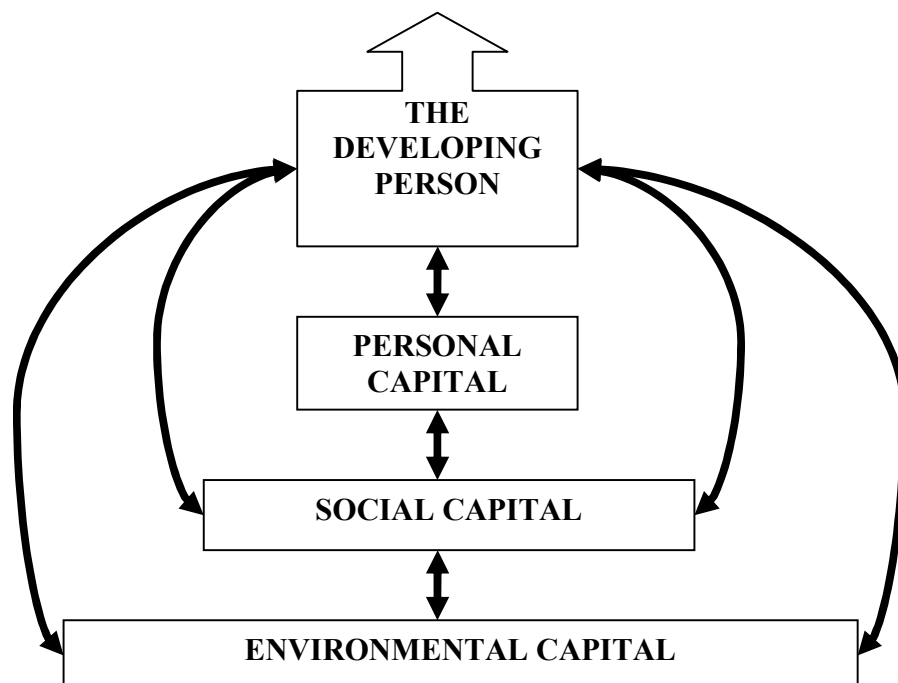
Key to supporting recovery and growth were the elements of **recovery capital** and **growth capital**, i.e. the internal and external factors present that could be utilised to support development. All the resources, attitudes and approaches that are supportive to recovery and growth can be seen as recovery and growth capital. There is much overlap between the two types of capital, reflecting the fact that recovery and growth are just different areas of a developmental continuum. Resources that support recovery from drug or alcohol problems can also support further growth. Examples could be a stubborn determination to reach goals, or the presence of a number of supportive friends.

The elements of both recovery and growth capital are similar, and can be grouped into:



- *Personal capital*: the ‘internal’ skills, knowledge, experience, attitudes and motivators that the person possesses and develops (e.g. 7.5.1.3 and 7.6.1).
- *Social capital*: the resources available in the human environment, in practice often from friends and family, but also from a range of other people (e.g. 7.5.1.2 and 7.6.3).
- *Environmental capital*: Effectively this covers sources of capital other than those above. Amongst a multitude of others, examples include such varying elements as the therapeutic power of nature, the educational resource of public broadcasting and libraries, and access to effective health care (e.g. 7.5.1.1).

**Figure 7: Capital supporting recovery and growth**



#### 8.4.3 The use of existing capital

Having basic needs (in Maslow's terms) met is of considerable value, freeing people to put energy into the higher tiers of Maslow's hierarchy. For this sample these basic needs were often an OK place to live and enough money. Education is a part of this, both in terms of increasing earning potential, and in terms of increasing life competencies that aid recovery and growth (see 7.5.1.1).

Many participants identified traits and attitudes that they felt were intrinsic to them that had been problematic in their expression in the past, but had been invaluable in supporting recovery and growth when channelled in a different way. Upbringing was seen as significant in contributing to these. Positive were physical and emotional security and stability. Also positive were internalised morals, standards, drivers, attitudes, positive behaviour, etc. These were often what gave rise to the cognitive dissonance that prompted self-questioning, as well as motivating and directing choices towards positive change and growth (7.5.1.3-4).

Supportive others were mentioned repeatedly as a source of a great quantity and variety of social capital (e.g. 7.5.1.2 and 7.6.3).

#### 8.4.4 Supportive strategies

Within this context, there are a number of strategies and approaches used, often consciously and explicitly, all of which can be described as *utilising recovery and growth capital*. Most of these can be considered personal (see above) in that they are self-directed, though many are expressed within social contexts:

- Cultivating awareness of self and situations (see 7.6.1.1)
- Clarifying and exercising choice in regards to actions and feelings, including being positive (see 7.6.1.1-2)
- Making changes (see 7.6.1.1)
- Working towards goals, particularly an overarching goal of personal development and growth (see 7.3.3)
- Involvement in supportive and positive social networks (see 7.6.3)
- Making and seeking meaning (see 7.7)

#### 8.4.5 Capital outcomes

The data was consistent in supporting enhanced growth across a range of domains; material, emotional, mental, and spiritual (see 7.3.3 and 7.6 ff). All were positive about what they had gained, though a longitudinal study would be necessary to see if that had been sustained. Telling was the often reported view that there were no or few regrets, that all this had contributed to the current high quality of life, that without such a journey they would not be where they were now.

There is a degree of consistency in the range of positive outcomes, all of which are growth (and recovery) capital in their own right (see 8.4). There is considerable overlap between these outcomes, and different schema for 'classifying' them. Even the most basic division between changes in the self and changes in relationships clearly has considerable interdependency and overlap, e.g. the greater a person's self-awareness the better equipped they are to avoid unhelpful and redundant ways of interacting in their relationships, and the more they will learn about themselves in a relationship where interaction is more

open and clear (see 7.6.3). Positive outcomes did not always preclude negative ones, sometimes they co-existed.

#### 8.4.5.1 'Personal' outcomes

To summarise the findings in 7.6 – 7.7, there are considerable self-development outcomes in the areas of:

- material satisfaction (e.g. work, accommodation, lifestyle)
- knowledge (e.g. increased wisdom and perspective on self, others, and the world in general)
- skills (e.g. coping strategies for managing setbacks and difficult emotions of all kinds), and
- beliefs about self and the world (e.g. confidence, strength, morals, standards, ideals, meaning of life)

There were a range of 'new' beliefs and attitudes that had a powerful impact on the way the person saw the world and interpreted their experience, often directly influencing choices and behaviour in a positive direction. These were often explicitly encouraged by the person, though perhaps became more unconscious over time. Many of these were interwoven and interdependent, and could function as positive feedback loops, as in Figure 6 in 8.4.1. Serving these were a range of often explicit strategies in the social and general spheres.

A key attitude and strategy was in the exercising of choice (7.6.1.1). This could be choice over actions, and/or how one feels about one's experience. Often allied with this was awareness, in order to support the more effective making of choices, and the view that responsibility for those choices lies with the person. Complementing this was acceptance

(7.6.1.2): of themselves, of others and of their experience. Related to acceptance were appreciation and openness to experience.

Another group of attitudes and approaches could be seen as related to perspective (7.6.1.2), including optimism, accepting change, and bring proactive rather than reactive. This was allied to wisdom in relation to themselves, their priorities, others, and life in general.

Spirituality was important to many in two overlapping ways, one referring specifically to spiritual and/or religious practices and beliefs, the other to the wider realm of making meaning (see 7.7). In all cases this was a conscious and active endeavour, integral to the commitment of many of the sample to their ongoing growth and development.

#### 8.4.5.2 Outcomes in the social sphere

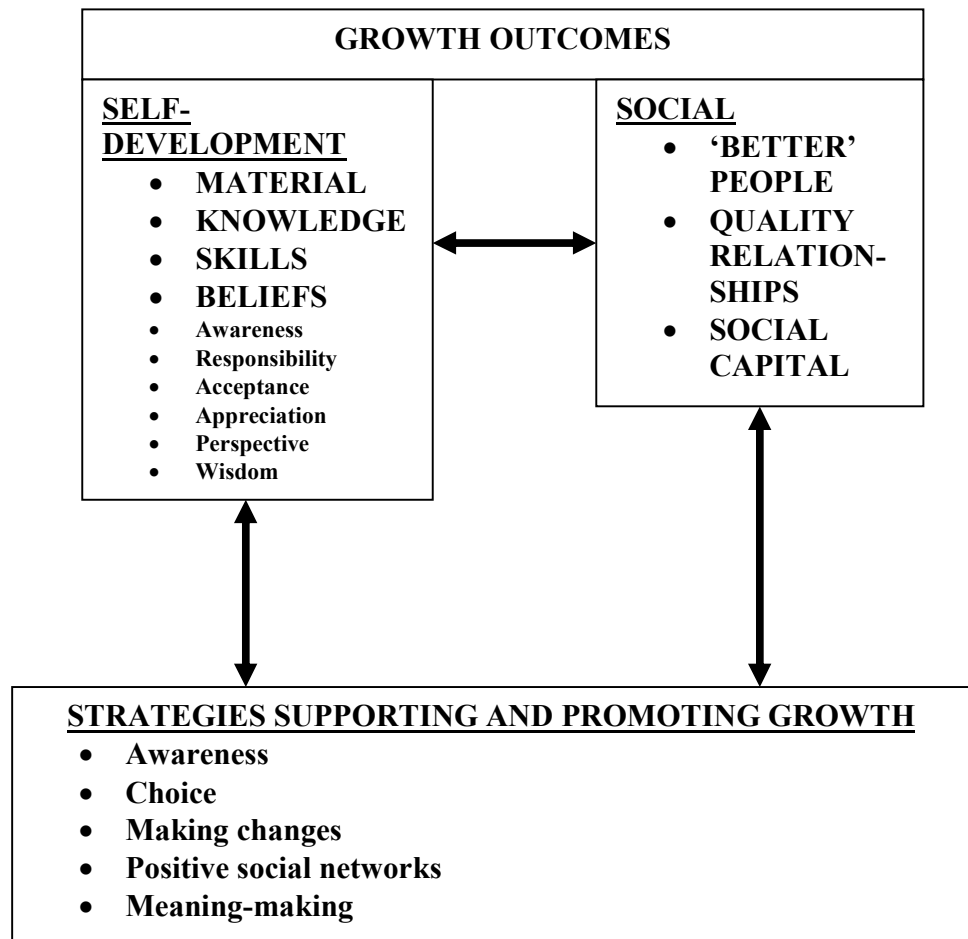
There are social outcomes in terms of family, partners, children, friends, colleagues, and people in general:

- The people related to are an improvement, (e.g. safer, psychologically healthier, less dysfunctional and a better influence), in particular that the quality of these relationships is an improvement (e.g. trusting, honest, mutually supportive, interdependent rather than co-dependent and nurturing)
- There are a range of positive outcomes associated directly or indirectly with this social development (e.g. work opportunities, satisfying leisure opportunities, learning and development opportunities, etc)

There were conscious changes in the social sphere, both in terms of who people related to, but perhaps more importantly in the nature of these relationships (see 7.6.3). This was towards people and interactive styles that were more likely to support growth in some way, e.g. encouraging of the attitudes in 8.4.5.1 above. There was also considerable social support that could be thought of in terms of social capital, both concrete and emotional.

The diagram on the following page summarises some of the key elements from the data discussed above on growth capital, particularly the strategies that support growth and some of the key outcomes. It is intrinsic to the model that these outcomes are also growth capital that can be further utilised, as are the positive feedback loops that have been noted. This model compliments and corresponds well to elements of all three models in 3.10.

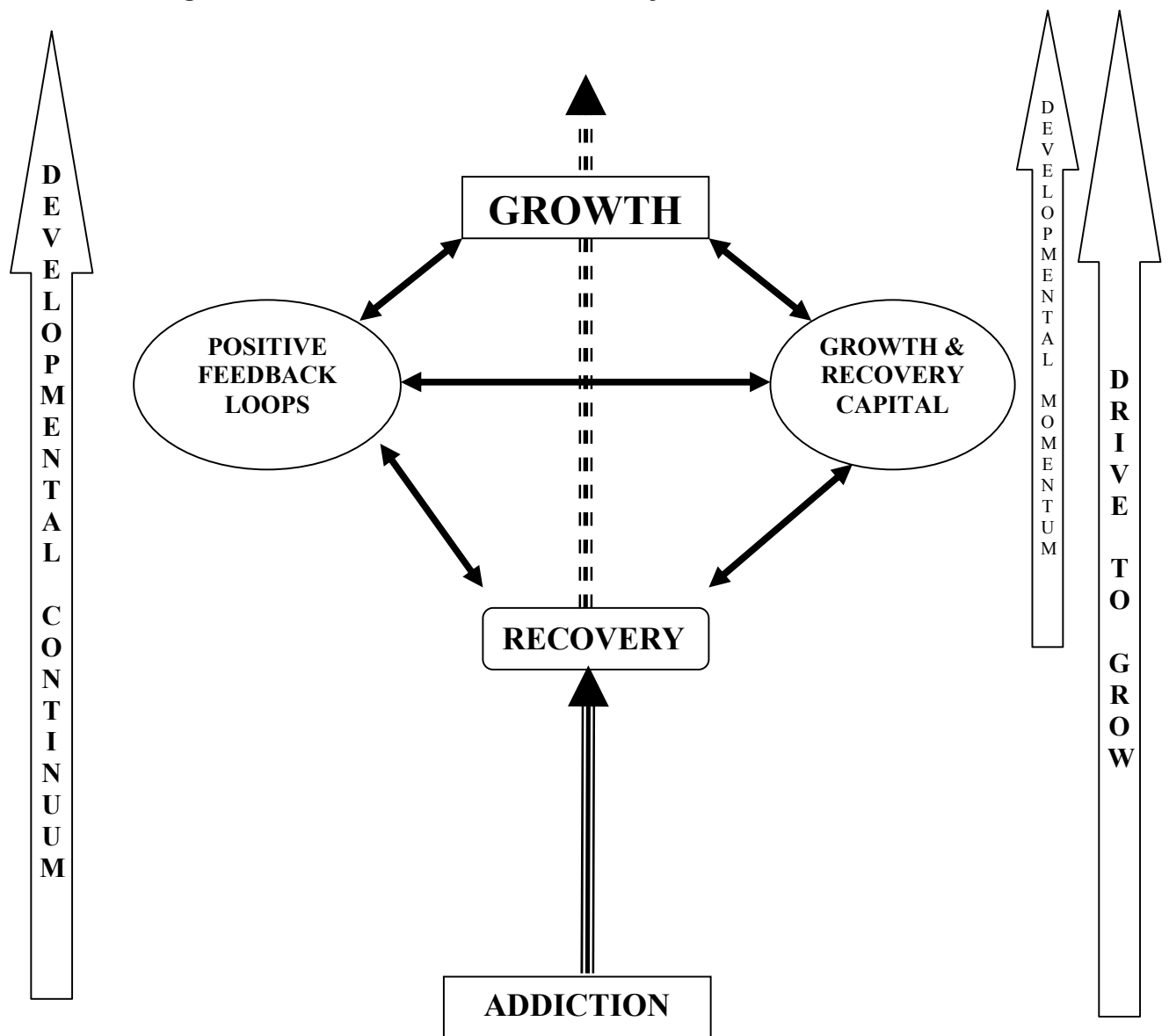
**Figure 8: Growth outcomes and capital**



## 8.5 Summary theory

To summarise, as in Figure 9 overleaf, the core category in enhanced growth in recovery from addictions is of *personal growth using and generating growth capital*. The person’s natural drive to grow and develop in a positive direction across a number of domains is supported by existing internal and external resources conceptualised as growth capital. This process of growth generates further capital, which in turn has the potential to support further growth.

**Figure 9 – A model for PTG in recovery from addiction**





## **9      Chapter 9 - Discussion of GT findings**

### **9.1      Overview**

This chapter discusses the findings of the Grounded Theory study outlined in chapters 7 and 8. Firstly, this is in relation to the degree to which the findings answer the research question (Chapter 4). The bulk of the chapter addresses this in more detail, and involves an exploration of the extent to which the findings and the theoretical model that is derived from them are supported by the existing literature, and challenge, refine or extend that literature. The structure of this chapter broadly follows that of the original research question, with outcomes discussed first and then processes. The third part of the research question, relating to the implications, is discussed in chapter 15.

### **9.2      The research question**

To reiterate, the original question was “What is involved in the process of posttraumatic growth from the experience of addiction?” This question had three parts:

- In what way and how do some people appear to ‘benefit’ from their experience of addiction?
- What are the processes, mechanisms and strategies involved?
- What are the implications of these findings?

The main focus of the research was to explore the experience of PTG related to addictions and gain understanding of some of what is involved, initially using Grounded Theory.

### 9.2.1 Overview of findings

This study was successful in extending knowledge in the areas of both addiction recovery and PTG, particularly in the areas of the research question. It increased knowledge of the experiences, processes, strategies and outcomes involved and clarified a number of implications. The resultant theory is a testable and generalisable model, 'designed' to predict the nature of the PTG outcomes and some of the processes involved in generating and sustaining those outcomes for people experiencing PTG post-addiction. The data did not shed as much light on any stages in the processes involved (in common with other areas of PTG), and the details of some of the causal chains involved could also benefit from further explication.

The GT data supports findings of earlier studies (e.g. Hewitt 2004, McMillen et al 2001) that addiction – specifically recovery from addiction - can act as a catalyst for PTG, in line with Woodward & Joseph's view (2003 p.281, see also Tedeschi 1999 p.321) that almost any kind of significant and impactful life experience can act as a trigger for growth.

There was less emphasis on the negative aspects of the addictive experience in this particular study compared to those that preceded it (Hewitt 2004), though this is likely to have been a product of both the recruitment criteria, the questions asked, and the greater distance in time from the addictive experience for most of the sample.

This work is a beginning in this new area, but will serve as both a foundation for further work (including the IPA study discussed in chapters 10-13) and as a signpost towards related relevant studies, specifically those of PTG, which have been shown by this and other

studies to apply to this population. Reflections on this study and recommendations for future research are discussed in chapter 15.

### 9.2.2 PTG as a complex multivariate event

Before addressing the research questions in detail, it is worth noting the complex nature of PTG. The complexity of the PTG processes in these findings reflects the PTG literature in general (e.g. Linley & Joseph 2004 p.19) in illustrating the interwoven, inseparable and interdependent nature of many of the outcomes, attitudes, strategies and processes involved (e.g. Calhoun & Tedeschi 2004 p.12). This can make it hard to differentiate clearly in some cases between an outcome, a strategy and a process, and as such there is some choice as to exactly where elements of the findings are presented and discussed in this thesis. Detailed longitudinal studies may be better able to establish the details of causality and PTG processes.

### 9.3 Outcomes - In what way and how do some people appear to 'benefit' from their experience of addiction?

In relation to the first part of the research question, the *core category* of the theoretical model (chapter 8) and the key outcome (as well as the central process) is *growth*, i.e. personal development utilising and generating growth capital. Tedeschi & Calhoun's (2004b p.6) identify five main domains of posttraumatic growth: a greater appreciation of life and a changed sense of priorities, warmer, more intimate relationships with others, a greater sense of personal strength, recognition of new possibilities for paths for one's life, and spiritual development. These are all well reflected in the findings outlined in chapter 7, supporting the

commonality in outcomes between addiction and other more established potential PTG stressors.

#### 9.3.1 Growth capital

Notwithstanding the uniqueness of peoples' paths through life, there were common themes in the data that reflected the wider PTG literature, e.g. the importance of meaning-making. This commonality was also present in the specific growth outcomes described in the current findings and reflected in the range of perceived benefits and outcomes covered in the broader PTG literature. Additionally, there were common findings from the substance misusers in this and the one other published study specific to this area (McMillen et al 2001), e.g. both these studies identified increased self-knowledge, not reported in many other studies (ibid p.77). The bulk of this chapter is concerned with discussing these common themes in more detail.

In the theoretical model (chapter 8) the positive outcomes are designated *growth capital*, as they are potentially resources to sustain and support further growth. However, some may have already been present (perhaps to a lesser extent) and have been utilised as recovery capital, and as such may be discussed with the PTG processes in 9.4 ff. To avoid repetition these themes are mostly only discussed once, usually in the following outcomes section.

All the participants in this study reported considerable gains across a range of domains, though a longitudinal study would be necessary to see how these were sustained. This 'growth capital' could be grouped into the areas of self-development, development of social interactions, and development of meaning, and reflected findings in the wider PTG

literature, for example, Peterson et al's (2006) findings that recovery from disorders (such as addiction) can be of benefit in terms of developing character strengths.

A related issue also discussed in 3.8.3.4 is the difficult to resolve matter of the extent to which self-attributed PTG effects (such as those of the participants in this study) are beliefs (inherent or acquired), active coping efforts, or adaptational outcomes in their own right. Some of the participants' stories suggest that all these processes may be involved to some degree, they are not exclusive of each other, and that they strengthen each other over time in the kind of positive feedback loops outlined in Tedeschi and Calhoun's (1995) model of PTG, and the Life Crises and Personal Growth model of Schaefer and Moos (1998).

To reiterate the findings summarised in 8.4.5.1, positive personal outcomes were in the areas of:

- material satisfaction (e.g. work, accommodation, lifestyle)
- knowledge (e.g. increased wisdom and perspective on self, others, and life in general)
- skills (e.g. coping strategies for managing challenges, setbacks and difficult emotions), and
- beliefs about self and the world (e.g. attitudes, strength, morals, priorities, standards, ideals, meaning of life)

To reiterate the findings summarised in 8.4.5.2, there were positive outcomes in all areas of social interaction:

- The people related to are an improvement, (e.g. psychologically healthier, a more positive influence)

- The quality of these relationships is an improvement (e.g. mutually supportive, interdependent rather than co-dependent, growth-promoting)
- There are a range of positive outcomes associated directly or indirectly with this social development (e.g. work, learning and development opportunities)

As will be seen in the rest of the chapter, these relate closely to the wider PTG literature. However, for a few, specifically those at an earlier stage in the recovery process, these gains coexisted with distress related to residual damage (in the wider sense of the word) from their addiction and the struggle to cope. This also reflects the coexistence of both growth and distress noted in the literature, particularly marked in the early days post-trauma (see 3.12.1). A large longitudinal study would be necessary (and invaluable) in exploring and clarifying the varying possible trajectories that recovery can take in relation to PTG or otherwise.

There are a range of specific outcomes in the study that are also reflected in the literature and discussed below. These are loosely divided into the personal and the social, though they have considerable interaction with each other. The 'personal' outcomes are discussed first. Note that some authors (e.g. Linley & Joseph 2002) group changes in philosophy and attitude separately from those concerning the person themselves. Here they are mostly grouped together as 'personal', though '*meaning*' in particular is discussed separately (from 9.5) as it is covered from the perspective of a process in PTG rather than an outcome (though it is both), and as such is more related to the second part of the research question.

### 9.3.2 'Personal' outcomes - attitudes/behaviours gained and developed

Participants were clear that they had 'new' beliefs and attitudes that were consistent with their broad commitment to growth and development in a positive direction (note discussion on values 9.3 ff). Many of these attitudes and approaches that are described in the findings and are discussed further below were interwoven with each other into an actively growth-promoting approach to life. For some this was an explicit endeavour, though for others this became more unconscious over time. As will hopefully be clear, there was considerable overlap and positive interaction between a number of these approaches.

Joseph's (2004 p.103) outline of Carl Roger's view of the fully-functioning human-being as open to experience, possessing unconditional positive self-regard, able to interpret experience accurately, and authentic to themselves, has considerable resonance to the views expressed by the sample in this study as to what worked well for them, and what many of them aspired to. When asked about how they felt about the quality of their lives, most of the sample (e.g. see quote 7.3) reported 'subjective well-being', i.e. "...experiencing pleasant emotions, low levels of negative moods, and high life satisfaction." (Diener et al 2002 p.63)

#### 9.3.2.1 Sense of coherence

*Sense of coherence* – though not explicitly measured - appeared high in the study sample. This is a useful theoretical construct from the literature as it includes many of the elements identified as outcomes by participants, as seen in the bullet points below. It is similar to the idea of

healthy coping; the stronger the sense of coherence a person has, the better ability they have to employ an appropriate range of cognitive, affective and instrumental strategies that are likely to improve coping and thus wellbeing. Linley et al's (2005) research on vicarious PTG effects amongst therapists identified sense of coherence as a relevant variable in the development of PTG, indeed perhaps the most relevant personality variable (ibid p.186). Each person's sense of coherence depends on:

- 1) *Meaningfulness*: the conviction that life makes sense emotionally; that life's demands are worthy of commitment, essentially seeing coping as desirable.
- 2) *Manageability*: the extent to which people feel they have the resources to meet the demands, or feeling that they know where to go to get support where necessary
- 3) *Comprehensibility*: the extent to which a person finds or structures their world to be understandable, meaningful, orderly and consistent instead of chaotic, random and unpredictable.

Also from the literature is the related construct of salutogenesis (essentially healthy living and coping), another useful theoretical framework within which Almedom (2005) reviews and pulls together a number of the key concepts related to resilience – including posttraumatic growth and sense of coherence.

#### 9.3.2.2 Responsibility and choice

Clarified in the data as both a valuable outcome and an important process supporting PTG is *responsibility* and *choice*. In the PTG literature, Woodward & Joseph (2003 pp.275-6) identify the *Awakening*



*of Responsibility*, i.e. the realisation by their respondents that they had a choice over how their lives were and were responsible for the exercising of those choices, a theme identified by a number of this sample as necessary to support change, and strongly emphasised by some as central to development, reflecting attitudes and strategies commonly found in 'self-help' books (e.g. Johnstone 2006 p.80).

By the choices that they make, people cultivate different competencies and social networks and have different experiences, all of which contribute to determining their subsequent life courses. This recognition of the responsibility of choice and the exercising of that choice increases the sense of autonomy and control, and was a key domain in Shiro & Auerbach's (2001) study of Cambodian refugees with PTG, who had moved from feeling completely helpless in a dangerous and unresponsive world to feeling in control of their lives and their place in the world.

On a more prosaic level of responsibility was the sample's ability and willingness to fulfil obligations and daily tasks reliably (see Grof 1993 p.176, Cloud & Granfield 2001 pp. 195-6) and have a certain amount of structure and self-discipline, notable in contrast to their lives as problematic substance users.

#### 9.3.3.3 Positive attitudes

Positive attitudes are both outcomes and a factor in PTG processes.. Folkman (1997 p.1215) identified searching for and finding positive meaning as a key coping strategy. This was sometimes consciously and deliberately through seeking positive experiences, sometimes in an unplanned way (e.g. seeing the positive in experiences as they

occurred), strategies also commonly used by this sample. These findings are particularly of note, as the Folkman study was longitudinal and was therefore able to clarify which coping processes were predictive of improved outcome (e.g. more positive mental state).

Closely related to this is another key process, discussed in 3.11.3 - positive reappraisal - where experiences are reframed by the person in a more positive light. This can be of benefit in relation to both the experience of addiction itself and subsequent challenging experiences (Folkman 1997 pp.1212-3, Thornton & Perez 2006 p.286).

Many respondents described themselves as positive. This can be defined as a stable, broad expectancy that things will turn out well. The cancer literature suggests a modest positive correlation between optimism and PTG (Stanton et al 2006 p.159). Optimism can lead to positive outcomes through a number of processes (Lepore & Revenson 2006 pp.30-32), all of which were reflected in the GT study data. Optimists may be more willing to try harder, particularly using the kind of approach-oriented problem-managing strategies associated with PTG. They may also be more likely to frame or reframe events in a positive way. Related to this optimists are also more likely to anticipate, find, and remember the benefits associated with stressful experiences. Additionally, they may be more adaptable, and have more social capital to draw on.

Explicit in much of the data (and reflected in my experience of the interviewees) from the GT study was *positive affectivity*, i.e. that many of the sample "...experience frequent and intense periods of pleasant, pleasurable mood; generally speaking they are cheerful, enthusiastic, energetic, confident and alert." (Watson 2002 p.106) Watson goes on to

note (ibid p.116) that positive affectivity is both fostered and expressed through actively engaging with the environment and striving after goals, common approaches in this sample. Studies consistently find optimism to be associated with subjective well-being (Carver & Scheier 2002 pp.233-5), i.e. optimistic people are happier.

More recently, Norlander et al (2005) explored the association of *positive and negative affect* (i.e. mood) with PTG, establishing that people who were both high positive and high negative affect were the most likely to thrive. Interestingly this was more so than the so-called 'self-actualisers', who were high positive and low negative affect.

Positive emotions in general (e.g. joy, contentment, interest, love) often result from finding positive meaning (Frederickson 2002 p.130). Positive emotions have been shown to broaden thought-action repertoires, undo lingering negative emotions, fuel psychological resiliency, build personal resources, and generally fuel psychological and physical well-being (Frederickson 2005). They have been described (Frederickson 2002, 2005) as having the potential for the kind of positive feedback loops seen in these findings and much of PTG, essentially that positive emotional experience increases effective functioning in the moment, which in turn builds enduring personal resources that increase the likelihood of further positive experiences, and so on.

Another aspect of positivity is *hope*, i.e. an expectation that "...one can find pathways to desired goals and become motivated to use those pathways...hope, so defined, serves to drive the emotions and well-being of people" (Snyder et al 2002 p.257). Hope and positive reappraisal appear to be involved in another PTG loop, where both hope and perceived success increase confidence and therefore increase the

likelihood of further positive outcomes (ibid p.260). However, the research supporting hope and optimism as connected to PTG is mixed, though interestingly they are related to Quality of Life (Bellizzi & Blank 2006 pp.48 & 52-53).

#### 9.3.3.4 Self-efficacy

Another factor in positive feedback loops is the significantly increased sense of self-efficacy described by many of the sample, e.g. *“you also get to be a bit of a success junkie”* (2:3), and Tedeschi & Calhoun (2004b): “At some point, trauma survivors may be able to engage in a sort of meta-cognition or reflection on their own processing of their life events, seeing themselves as having spent time making a major alteration of their understanding of themselves and their lives. This becomes part of the life narrative and includes an appreciation for new, more sophisticated ways of grappling with life events”.

Maddux (2002 p.277) defines self-efficacy as “believing that you can accomplish what you want to accomplish”, relating it to the concept of perceived control above and arguing that it is perhaps the most important ingredient in the recipe for success. Relevantly, he also notes (ibid p.281) the powerful role of self-efficacy in overcoming substance misuse problems.

Self-efficacy is significantly associated with PTG (Stanton et al 2006 p.160) and perhaps key to PTG effects, as “It is partly on the basis of judgements of self-efficacy that people choose what to do, how much effort to invest in activities and how long to persevere in the face of obstacles and failure experiences.” (Bandura, quoted in McMillen 1999 p.459). If people believe they are capable of dealing with things, they

are likely to perceive difficulties as less damaging, and more as realisable challenges.

Folkman (1997 pp.1216-7) draws attention to the potential positive feedback loop involved in positive coping. The positive coping processes and psychological states engendered help sustain further emotion and problem-focussed coping, and so on. It is this positive feedback loop that Folkman believes is often overlooked when considering the impact of stressful and traumatic experiences, where the emphasis is more often on the negative feedback loop.

#### 9.3.3.5 Appreciation

Another related positive attitude in the data is *appreciation of life*, one of the domains in the PTGI scale. This can be understood (Janoff-Bulman 2006 p.90) in economic terms, i.e. that something has increased value, perhaps because of the apparent or potential scarcity that the traumatic experience has highlighted. This is perhaps what Peele meant (1975, quoting himself in Peele 1985 p.157) when he said, "The best antidotes to addiction are joy and competence – joy as the capacity to take pleasure in the people, activities and things that are available to us." This is also echoed in Hall (2003 p.659), though there is considered an aspect of spiritual connection. A similar concept in the literature is that of *gratitude*, "a felt sense of wonder, thankfulness and appreciation for life" (Emmons & Shelton 2002 p.460), also noted by Maslow (1970 p.136) as a characteristic of self-actualisers.

#### 9.3.3.6 Acceptance

There were three main areas of acceptance noted in this study, self-acceptance, acceptance of others and acceptance of life in general. These were also all noted in Miller & C'de Baca's (2001 p.189) sample. Acceptance allowed for and promoted growth, though none of this implied passivity in the face of problems, but rather "...a willingness to admit that a problem exists or that an event has happened...not however a stoic resignation, a fatalistic acceptance of the negative consequences..." (Carver & Scheier 2002 p.237). Dunbar et al's (1998) study of women living with HIV also spoke of self-acceptance. Nevertheless, for some in this study it was easier to accept others than themselves, and self-acceptance had sometimes been a long and challenging struggle.

#### 9.3.3.7 Wisdom

Many of the sample mentioned a sense of increased knowledge and a deeper and more accurate perspective, together with a sense of clearer and more pertinent values. As Tedeschi points out (1999 p.325), "People who have developed an appreciation of life, can relate to others successfully, cope with difficulties, and have a sense of the spiritual, are often seen as wise." Aldwin (1994a pp.259-264) sees extreme stress as acting as a crucible in which wisdom (i.e. understanding of self and society) may be developed.

Linley discusses the concept at some length, defining wisdom (2003 p.602) as "expertise in the fundamental pragmatics of life", and seeing much in common with the 'sense of coherence' construct discussed in 9.3.2.1 above. He goes on to clarify some dimensions of wisdom that

are pertinent to PTG, specifically recognition and management of uncertainty, integration of affect and cognition, and recognition and acceptance of human limitation.

#### 9.3.3.8 Strength and vulnerability

Janoff-Bulman (2006 pp.86-8) sees “strength through suffering” as one of the key PTG outcomes, what McMillen (1999) calls *stress inoculation*, paraphrasing Nietzsche’s “What doesn’t kill you makes you stronger”. This strength closely involves the kinds of positive attitudes discussed above.

Tedeschi (1999 p.322-3) reviews a range of research suggesting that traumatic experiences contain much potential for increasing *strength*, i.e. promoting self-reliance, increasing self-evaluation of competence in difficult situations, and the likelihood difficulties are addressed proactively, though paradoxically the same people often also feel a greater vulnerability and appreciation of life as a result. Calhoun & Tedeschi summarise this (2006b p.5) in the phrase, “I am more vulnerable than I thought, but much stronger than I ever imagined.” Both this strength and this vulnerability were common amongst the people in this study. Longitudinal studies would be of benefit in mapping the balance of strength and vulnerability, perhaps clarifying how this balance can tip to the person’s detriment.

Burman (1997 p.53) describes how some of her sample gained benefits from having managed on their own, often when others had thought this was impossible. This gave a dimension of pride, self-efficacy and empowerment that had been previously absent and was a source of

incentive and benefit in many other areas, a view also expressed by a number of those interviewed.

This construct of strength is conceptually similar to Dienstbier & Zillig's *toughness* (2002 pp.523-4), another positive loop where toughness leads to success, leads to more positive future appraisals and energy, increases coping, increases acceptance of challenges, which in turn increases toughness, and so on.

#### 9.3.3.9 Priorities and values

Without exception, study participants were clear on their values and priorities. A theme discussed by McMillen (1999) is that of changes in life structure or priorities, usually in the direction of increased quality of life. Specifically, the traumatic experience forces review and changing of how the person lives their life, presumably for the better in PTG cases. Such changes in values and life philosophy are common in PTG (Tedeschi & Calhoun 1995 pp.37-40), probably as both a factor promoting recovery and growth, and as a positive outcome.

A number of studies (e.g. Calhoun & Tedeschi 1999 pp.11-16, Woodward & Joseph 2003 p.279) in other areas of PTG have identified a development of perspective, priorities, values and aims in life that perhaps differs somewhat from 'mainstream' society – and certainly from those that were previously held – becoming more focussed on the quality of the 'inner life' and the person's relationships rather than any 'external' measures of success or material happiness, reflected in this sample's priorities and values. Calhoun & Tedeschi (2006b p.6) call these intrinsic priorities as opposed to extrinsic.



Bill Miller discusses (1998b p.130) the importance of values as a context for motivating change, specifically what does a person care about more than the use of drugs or drink? (The aspect of values as drivers in motivational processes is discussed further in 9.4.4.2.3). Miller & C'de Baca's (1994, 2001 pp. 130-2) study went into some depth in studying (retrospectively) value change in their sample, with similar changes to those described in this study, for example wealth and pleasure being replaced by peace and family as motivating values. One interesting finding of the Miller & C'de Baca study was that the significant difference in values between the genders before their 'quantum change', had become common ground after. The commonality found in that study of intrinsic values between the genders was reflected in this study.

Dunbar et al's (1998) study of women living with HIV mentions newfound values and a new sense of meaning and purpose. This was often focussed by their awareness of the potential shortening of their lives. In common with most of the sample in this study, they had either known many others die, or themselves had potentially shortened their life-span as a consequence of their substance misuse.

#### 9.3.4 Social outcomes

Along with meaning, the largest area of note for interviewees was the social arena, both as a source of recovery capital and as a PTG outcome and body of growth capital. A number of studies of growth and change (e.g. Miller & C'de Baca 2001 pp 133-6) pick up on a range of changes in relationships, both in the general view of and attitude towards others, and also within the relationships themselves. This is in terms of improvement in the nature and quality of the relationships, and in the impact relationships have on recovery and PTG.

This present study's findings and the literature (e.g. Tedeschi & Calhoun 1995 pp.34-7, Woodward & Joseph 2003 p.280) both emphasise this importance of the social context; primarily relationships with partners, families and friends, but also the wider social milieu of society as a whole. It is worth noting that there was some gender difference in this particular study as to the degree to which this was emphasised (i.e. more so by the women), in line with Dunbar et al's (1998 p.151) study of women living with HIV.

#### 9.3.4.1 Self and Others

Within the addictions literature, the biggest factor associated with maintaining recovery has been consistently identified as social support (at least in the earlier stages of 'recovery' (studies reviewed in Klingemann et al 2001 p.25, and see discussions on Social Capital 2.9.1). The benefits of positive social relationships in promoting both recovery and further growth are also emphasised by Granfield & Cloud (2001 pp.185-6, 207-8). However, the PTG literature is less clear, with mixed findings on the impact of social support on PTG, though with some promise for more detailed analysis of particular elements of social support (Calhoun & Tedeschi 2006b p.14). It appears likely that different aspects of social capital may be more or less relevant to different groups of people, and perhaps at different times. This study was able to pick out some of these variables (e.g. being able to talk to people with shared experience), and the IPA study was able to identify more (e.g. 11.2.4). A larger study - ideally with quantitative elements - would be able to clarify this further.

McMillen (1999) recognises that PTG involves changes in the person's experience of others, both by virtue of receiving support, and secondly by virtue of the experience of vulnerability increasing sensitivity to and empathy for others (also Tedeschi 1999 p.323), and thus enhancing social interactions and relationships. There is another potentially positive loop between the development of the individual and the development of the relationships in which they are embedded.

#### 9.3.4.2 Healthier relationships with healthier people

Many studies of PTG outcomes (as opposed to factors predicting PTG, e.g. Tedeschi 1999 p.323) echoed this current one in identifying the importance of the social sphere, and a generally high quality of relationships, i.e. that there tended to be healthier relationships with healthier people. This was often in particular contrast to the unhealthy nature of the relationships that many had had during their period of problematic using. It is worth noting that the centrally important sense of meaning discussed below (9.5 ff) is often clearest within the social context, e.g. in relation to partners, work or children (Fleer et al 2006), something that came up repeatedly in the GT study.

However, the social nature of addiction brings in an extra dynamic due to the stress and strain that addiction can put on most relationships, and the risks in maintaining relationships with people who are still using. As such there is less in these findings in line with the PTG literature's focus on improvement in those relationships existing at the time of the traumatic event (e.g. Dunbar et al 1998 pp.149-150, Miller & C'de Baca 2001 pp.133-6, Thornton 2002). Rather the emphasis is more on a better kind of relationship with largely new people who are seen as supportive of the 'new' person and their development, and were often

chosen for these attributes (Granfield & Cloud 1999 pp.87-92, Waldorf et al 1991 pp.205-6).

A new social life often involved relocation – the ‘geographical cure’ - something the addictions field has mixed views on (Granfield & Cloud 1999 pp.91-2), as on the one hand people often just continue their addiction within a new social group in the new place, and on the other hand it can be easier to make a new start in a new place.

These new or improved relationships were associated with increased intimacy and closeness and strengthened social ties; greater self-disclosure; increased emotional expressiveness; and increased empathy, compassion and giving to others. Grof describes posttraumatic relationships (1993 pp.174-5) as possessing greater honesty and authenticity, also sought by the women in Dunbar et al’s (1998 pp.149-150) study.

Woodward and Joseph’s (2003 pp.275-6) respondents found acceptance from others to be powerful and growth-promoting, as was the giving and receiving of love as identified by the current sample. This echoes Jung’s comments (discussed in White 1979 p.118) as to how personal and honest contact with a friend can be a transforming experience in itself.

#### 9.3.4.3 The wider community

Granfield & Cloud (1999) repeatedly emphasise the value for their sample of ‘buying back in’ to society. Partially related to this point, Blankenship (1998) argues that thriving can have an impact beyond the individual in wider social action or movements, and it is within this

context that she sees much of the work of ex-addicts within the field of addiction, a view reflected by a number of this group.

Additionally, in terms of meaning in the social context, it is worth noting the Social Constructionist view that the environment within which the person constructs their view of their substance use is of central importance in how they see that use and the options available to them (Davies 1992, Hartney et al 2003). This has particular implications in relation to the perception of the degree of feasibility and challenge involved in recovery and growth (Neimeyer 2004 p.56), and is discussed further in 15.6.1 and 15.7.1.

#### **9.4 Processes - What are the strategies and mechanisms involved?**

To summarise this chapter so far, the preceding sections have shown how this study answers the first part of the research question, specifically, “in what way and how do some people appear to ‘benefit’ from their experience of addiction?” We have seen that this is in the form of a wide range of interconnected positive outcomes in both the person’s social life and their personality, and that these correspond closely with the existing findings in the wider PTG literature.

To answer the second part of the research question, the following sections begin with overviews of aspects of the overall PTG process before looking at the findings on specific strategies and mechanisms involved. Many of these processes are conceptualised as recovery or growth capital, as they support growth and development. *Meaning* is explored in some depth as it was a particularly strong theme in the study

findings. Some strategies, such as the use of psychotherapy (see 9.5.3) can be seen as working directly with meaning to promote growth.

The core category in the GT data is that of *growth*, that is development in a positive direction (from that person's point of view) using internal and externally available resources. The PTG literature by definition is concerned with growth and has much to say about it. This is in contrast to the addictions literature, where there is much written in this literature on recovery (i.e. overcoming the problem), but little on growth beyond this.

#### 9.4.1 Is growth normal?

Most study participants considered their growth to be beyond what they may have otherwise expected, though a few felt that at least part of their development and personal growth might be considered a 'normal' part of the maturation and aging process. At the time I did not appreciate that it was unclear exactly what these few actually meant by normal (e.g. "common to all people", "natural", or "nothing special"?), so this particular issue was picked up again in the IPA study, and is covered in 11.3.3 and 13.5.

#### 9.4.2 The developmental path

Implicit in the concept of growth is the idea of some kind of continuum along which the person develops, as this sample felt that they had, certainly in comparison to those still stuck in addiction, and often in comparison to people in general. This idea of such a continuum is reflected in the PTG literature (see next para), for example the view discussed in 3.10.1 that the three possible degrees of outcome from

traumatic experiences - *survival, recovery or thriving* (O’Leary and Ickovics 1995) - are components of a post-traumatic continuum. The continuity of this pathway is illustrated in the GT study findings, where we have seen that there are numerous elements of the processes involved in peoples’ surviving and recovery to be found in their experience of thriving, often acting in a similar manner.

This growth was along a developmental continuum from recovery to thriving, though with some variety as to how that was made manifest. Views as to the dynamics of the specific processes involved varied, but were relatively limited in this study, hence part of the rationale for choosing a more potentially ‘articulate’ sample in the second (IPA) study. At its most developed, growth is actively worked with through an ongoing explicit and conscious awareness of what helps and hinders growth and development, and choices continually being made to go in this forward direction. A number of factors and strategies support this process (e.g. psychotherapy (9.5.3), and there are a range of positive outcomes.

Whilst these continua may have a common beginning and a common direction insofar as they move away from the addiction, the particular directions forward vary considerably. There was insufficient data from the interviews to draw firm conclusions on this matter, but it appeared that implicit in the range of narratives is the assumption that we are all different and have different paths to take towards what may (in Maslow’s terms (1970, 1971)) be called self-actualisation or self-realisation, with differing directions and goals according to what is ‘right’ for our different personalities. To help firm up the data in this area, the issue of the uniquely individual nature of people’s development was explored further in the second IPA study (11.3.2 and 13.6 ff).

#### 9.4.2.1 The course of PTG

The stages leading up to the overcoming of the addiction problem were clearer and more distinct than the stages after this point. The GT findings in the pre-recovery area are not outlined in this thesis both for the sake of brevity and as they are outside the focus of this study. However, it is of note that these findings were very much in line with those relatively well established in both the addictions literature (see 2.7.1) and the PTG literature (see 3.11.2 ff), and accordingly a brief summary of the main elements involved in the process of that initial change is outlined below in 9.4.2.3.

The (admittedly limited) range of theories amongst the sample as to the shape and stages of their journey of subsequent growth is reflected in the paucity of this in the literatures also, one of the exceptions being Biernacki's (1986, 1990) work on heroin addicts (which mostly focuses on the earlier stages of recovery, see 9.4.2.3). Due to the limited nature of the data post-recovery (discussed in 9.4.2.3 below), the follow-up IPA study attempted to explore the issue further (see 13.3).

The PTG literature acknowledges (Massey et al 1998 p.349) the possibility of the setbacks in the PTG process that were subsequently reported by two of the sample. In this regard, Harvey et al (2004 pp.27-28) have a lot to say about how "a pile-up of major losses" can delay, undermine or prevent PTG. The addictions literature is replete with the concepts of lapse and relapse into addiction for these and other reasons. What would be of interest – and again, best explored through a comprehensive longitudinal study – is to understand the variables involved in such setbacks, as such understanding could help prevent or ameliorate them.



#### 9.4.2.2 Time

An occasional theme was that of 'time', though there were varying aspects of this, including space in which something could take place, space in which processes could play out, or timing as to when things were meant to happen. An overarching aspect of time was in terms of distance from the traumatic experience and how long it took to establish a different life. Different domains of PTG are likely to involve different processes and therefore take varying times for these processes to unfold (Tedeschi & Calhoun 2006 p.293).

#### 9.4.2.3 Stages of PTG

The lack of study of post-recovery stages in the addiction and PTG literatures makes it difficult to compare this study's limited findings in this area with the extant literature. The tentative model from the findings in 7.4.2 is repeated below with some discussion following:

- i. Newly recovered, Still identifying self with problem, still dysfunctional and chaotic
- ii. Feeling distinct from ex-peers, environment stabilising
- iii. Stabilising emotionally and psychologically, though still in limbo. Steady external and material development. Awareness of need to resolve outstanding issues from recovery and before
- iv. Steady internal development
- v. 'Normal' life, forward momentum established
- vi. Thriving in all domains
- vii. Ongoing growth with periods of levelling off and occasional jumps forward

For everyone, during their period of addiction and in line with the addictions literature, there were multiple attempts at control, managing and recovery, over varying periods. The results of a number of reviews and studies (e.g. Cunningham et al 2002, Klingemann et al 2001 pp.23-4, Sobell et al 2001) suggest that ongoing cognitive evaluations are central to the change process (irrespective of cultural context or substance used). This may involve a mixture of avoidance-oriented and approach-oriented factors, i.e. a build-up of negative feelings pushing the person away from substance use together with the growing attractiveness of alternatives (Granfield & Cloud 2001 p.1545, Klingemann 1991 pp.734-5), and perhaps some event (often quite 'minor' to an outsider) that acts as a trigger in some way. There was an additional emphasis in the data in this study on such focal points in the decision-to-change process, reflected in some of the addictions literature (e.g. Hall 2003 p.654, Heatherton & Nichols 1994 p.12).

Biernacki's (1986, and Stall & Biernacki 1986) ground-breaking large qualitative study of 101 ex-opiate addicts led to an influential model of the stages involved in initiating, establishing and consolidating change: i) resolve; ii) breaking away; iii) staying abstinent; and iv) reintegration to society. This covers similar ground to that described by Klingemann (1991): i) motivation; ii) decision implementation; and iii) maintenance), and the latter also has much in common with Prochaska and DiClemente's (1998) model (2.7). Biernacki later (1990) included creating alternatives to as much as possible of what was involved with the substance misuse as part of the maintaining recovery stage. Both Biernacki's and Klingemann's models have been supported by subsequent researchers (e.g. Copeland 1998, Walters 2000).

This study was not able to tell whether PTG increased over time as in some other studies (e.g. Manne et al 2004), though the later post-recovery transformations and jumps forward in personal growth reported by some of the respondents are recognised in the PTG literature (e.g. Bewley 1993 p.11).

#### 9.4.2.4 Variables affecting pathways

More difficult to be clear on from the current findings is the issue of the variables effecting who may experience PTG post-addiction and what may be their subsequent pathways. Such an enquiry would need to be a longitudinal (and larger) study, ideally beginning before any addiction problem. It is possible to speculate as to how this sample may reflect existing findings in the wider PTG literature (see 3.13 ff and 9.4.2.4), and I do this below. It is also possible that a number of the variables involved in recovery from addiction and discussed in that literature review (e.g. 2.8.1) may be involved in growth and thriving also

Tedeschi (1999 p.327) suggests two possible differing paths to PTG. The first is with people who are open to experience, hopeful, extraverted and creative, who are therefore able to make the most out of any experience. The second, very different path is for those under the greatest stress and with the least sense of control. The orthodox view of people with addiction problems as having some kind of difficulty coping with 'normal' life suggests they are more likely to belong to the second group, though both the sample participants and my professional experience include people more representative of the first group.

One hypothesis worth exploring (as it was to some extent in the IPA study), and one supported by my own work experience, is that these two

groups correspond to two large though differing sub-groups of people who develop substance use problems, those who are trying to avoid 'problems' and discomfort through self-medication on the one hand, and risk-seekers on the other. Only a longitudinal study could really explore establish this, though detailed cluster analyses of a larger sample than that available in this study may throw light on this question.

#### 9.4.3 What drives growth and development?

To some growth was seen as a natural and almost inevitable phenomenon operating at an instinctive level, analogous to childhood developments such as learning to walk. However, this was not seen as a process in which the person had no agency, and generally involved a conscious and active commitment to personal growth, though perhaps not in those terms and certainly varying in what that meant from person to person.

Growth was seen as both purposeful (in that people could and did facilitate the process), and instinctive, in that it was in some way an expression of an inbuilt natural tendency towards growth and development, though the latter was less emphasised than the purposeful view. This instinctive drive was usually seen as 'internal', with the exception of one person who saw this as coming from (the Christian) God.

The PTG literature emphasises the purposeful aspect of growth, but has less to say about whether such a tendency towards growth is viewed as inbuilt or natural, or where it may come from. As such there is a contrast between the 'strength' of the view expressed in this study of the drive to grow as being natural, instinctive and inbuilt, and the

comparatively little said on the subject in the literature, even in theory or hypothesis. There was a lack of detail in the GT study data specific to this inner drive, though more in the IPA data where it is discussed further (13.6 ff).

Woodward & Joseph's (2003 pp.273-4) study of abuse survivors also identified an inner drive to grow, though this is discussed more in terms of keeping struggling and fighting against adverse odds - the *surviving* end of the growth process - and not explicitly as applying along the whole developmental continuum.

There may appear to be an element of contradiction in the findings in that growth and development are seen as natural and normal, and also as something that has to be worked at. However, whilst this question was not specifically addressed in the GT study, the data suggests that most of the sample saw growth and development as being 'natural/normal' in the sense of 'common', rather than in the sense of 'inevitable', meaning they saw it as being usual for life to have challenges, for people to overcome those challenges, and for the process of overcoming those challenges to bring about development across a range of domains. As such there is a definite and necessary active role for the individual in supporting and promoting growth.

It is precisely this active coping that the PTG literature places (see 3.11.3) at the heart of the associated growth, and this can involve a range of elements including positive belief and adaptation. Indeed, the specific nature of the event itself is probably not that important per se, as it is the coping process that is the beginning of PTG. Such reactions to addiction are rarely covered in the addictions literature, but are supported where mentioned, e.g. "Recovery from addiction is

comparable to coping with other significant life crises” (Hanninen & Koski-Jannes 1999 p.1838).

#### 9.4.3.1 Specific drivers

Many of the choices, attitudes and strategies that supported recovery from addiction were found to have often unforeseen benefits and to support further growth and development, e.g. the impact of a more considered and positive choice of friends. This can be seen reflected in the similarities between what is reported in the findings, and elements of the addiction and PTG literature reviews (e.g. 9.3.4.1).

As well as coping with the ongoing challenges of life, many interviewees were motivated by growth for its own sake, though specific drivers and motivators would vary from person to person, and change and develop over time. This ‘positive’ pull towards a better state, this drive to live dreams, embody ideals and values, and grow and develop as a person is by no means unique to those recovering from addiction or trauma in general, but having such goals is likely to increase the chance of the kind of enhanced growth reported (e.g. 9.3.3.9).

#### 9.4.3.2 Momentum

The concepts of developmental inertia and momentum were mentioned or alluded to by a number of the sample. An appropriate metaphor was of pushing a car along a level road. It might take some effort to get this car moving at first, but once it was moving it took less effort to keep it doing so. However, if this effort ceased, then eventually the car would roll to a halt, albeit further along the road. This developmental momentum was mentioned by a number of the sample, though at least

one said that this was not constant, reaching a plateau or even wearing off after a time. A number of positive feedback loops contributed to momentum and are discussed throughout this thesis.

One example of such a positive feedback loop (and see 9.3.3.4) involves Bandura's (1994) cognitive, motivational and affective self-efficacy factors, where having made such a big and often seemingly impossible change as to overcome a severe addiction, further changes seem (and actually are) more possible. "The most effective way of creating a strong sense of efficacy is through mastery experiences. Successes build a robust belief in one's personal efficacy...After people become convinced they have what it takes to succeed, they persevere in the face of adversity and quickly rebound from setbacks. By sticking it out through tough times, they emerge stronger from adversity" (ibid p.71).

Such positive loops can be seen as increasing growth capital. Dunbar et al's (1998) study of women living with HIV mentioned how the growth involved seemed to provide emotional energy for further growth and healing. More broadly, Finfgeld (1997 p.20) discusses Tucker et al's 1995 research showing that people often change other behaviours at the same time as they change their addictions.

Hall's (2003 p.655) sample (all in recovery from addiction) also emphasised the value of maintaining *developmental momentum*, taking surviving into thriving. Many of the strategies used in recovery (for example, reassessing the impact of social contacts and changing the social scene accordingly), as well as continuing to be valuable strategies for ongoing personal growth, are contributing directly or indirectly to a range of positive outcomes (e.g. positive, stable and nurturing relationships), which themselves support and create further growth-

promoting experiences and approaches. Such a positive feedback loop can be seen as increasing 'environmental' growth capital (and probably 'internal' capital also).

#### 9.4.4 Recovery and growth capital

A central concept that crystallised later in the GT study, was that of *Growth Capital*, building on Granfield & Cloud's *Recovery Capital*, which in turn built on the well-established concept of *Social Capital* (2.9 ff). The identification and utilisation of growth capital is (almost by definition) a key strategy and outcome in PTG post-addiction. Conceptualising the potential for recovery and PTG in this way has potential for both the addictions field and the wider PTG area (discussed further 15.5).

The process of growth and development can be conceptualised (see fig.9 in 8.5) as being (largely) concerned with utilising growth capital (the range of available internal and external resources that support the person's growth and development in a positive direction), both to remove obstacles to any drive to grow and to actively support and further personal growth. Existing growth capital (more specifically, recovery capital) is used to overcome the drug or alcohol problem. New growth capital is gained and developed as the recovery process continues, prompting and supporting further growth, and so on, a broader example of a positive feedback loop. (This model of growth may have wider potential and relevance than just to those who have had drug or alcohol problems).

Most of what is discussed in this thesis as supportive to recovery and growth can be seen as recovery and growth capital. There is much similarity between the elements of the two types of capital, reflecting the



fact that recovery and growth are just different points on a developmental continuum. Resources that support recovery from drug or alcohol problems can also support further growth. Examples could be a stubborn determination to reach goals, or the presence of a number of supportive friends.

#### 9.4.4.1 Differential distribution of growth capital

A number of the variables discussed in this thesis affect recovery and growth capital. As such, it is likely that growth capital – in common with recovery and social capital (2.9 ff), is differentially distributed, and that this will influence the extent to which PTG can occur (see 9.3.4.1).

One example of such a specific and variable motivator for coping and thus potentially PTG, is commitment to life roles (Kobasa 1979, quoted in McMillen 1999), which helps make some people hardy and stress-resistant. This was common in this sample with a number whose parenting role or job responsibilities were significant factors in focussing self-responsibility and effort. A stake in conventional life that acts as a motivator and a focus for recovery and development (Waldorf et al 1991 pp.218-222) is a starting point for many in recovery, and a protective factor in the first place.

#### 9.4.4.2 The use of existing capital

It is implicit to the concepts of capital used here – and perhaps tautological – that the more capital is available the greater the potential for the person's recovery and subsequent development. Personal resources in particular are of benefit, "Those with personal resources know when to call upon social resources and are more likely to have

social resources available” (Helgeson et al 2004 p.12). Supportive others, whether these are friends, family, professionals, or others are a key source of capital (see 9.3.4).

#### 9.4.4.2.1 Basic needs

Having basic needs (in Maslow’s terms) met is of considerable value, freeing energy for the higher tiers of Maslow’s hierarchy. The importance of the meeting of such basic needs as an adequate place to live, sufficient money and educational opportunities, is increasingly being recognised in social policy (e.g. Social Exclusion Unit 2004). In respect to education, other authors (e.g. Granfield & Cloud 1999 p.85, Parker 1998 p.195) shared the view of many of this sample who found that experiential education and training acted as a catalyst, speeding up recovery, development and growth.

#### 9.4.4.2.2 Personality factors

Many respondents identified traits and attitudes that had been problematic in their expression in the past, though had been invaluable in supporting recovery and growth when channelled in a different way (e.g. 7.5.1.3). This suggests a potential for ‘reframing’ as an intervention with those in recovery and who are seeking further development.

Upbringing was seen by many as significant in contributing to these traits, and there is a large literature (e.g. Velleman & Orford 1999) that recognises the impacts of childhood experiences and development on subsequent drug and alcohol use. There is also evidence in the PTG literature of the effect of upbringing, e.g. that *secure attachment* (within

the terms of attachment theory) increases the potential for PTG (Salo et al 2005 p.373).

Whilst many of the sample reported the kind of negative impact of upbringing that is often associated with people with substance misuse, this was not always the case, or was recognised as being mixed with other more positive effects, for example a sense of physical and emotional security and stability derived from the upbringing. Also positive were internalised morals, standards, drivers, attitudes, positive behaviour, etc. However, it is likely that tapping into such recovery factors may be more difficult for those who started their addiction young (Reith 1999 p.112), before many of these could be developed and consolidated.

#### 9.4.4.2.3 Values

The outcome aspect of values is discussed in 9.3.3.9. The importance of values has implications for interventions during both recovery and subsequent growth. A central strategy of Motivational Interviewing (e.g. Prochaska and DiClemente 1998) is to stimulate the desire to change through increasing cognitive dissonance between ideals/values and reality, often just by promoting reflection and exploration of these ideals and values. As well as prompting self-questioning, such clarification of values can act as a magnet, motivating and directing choices towards change and growth.

Many interviewed identified values as motivating both recovery and further growth. Values are also important as it is on the basis of these that choices are often made (9.5.2), also recognised in the addictions recovery literature (2.7). William Burroughs - probably the world's most

(in)famous heroin addict - himself said, “You become a narcotics addict because you do not have strong motivations in any other direction” (Burroughs 1953 p.11).

#### 9.4.4.3 PTG strategies

As well as the recovery capital that was utilised in order to support recovery and change, further ‘growth’ capital was gained and generated, both as a by-product of the ‘recovery’ process, and consciously and deliberately in order to support ongoing growth and development. This was another broad example of the kind of potential positive feedback loops involved in PTG. A specific example is education, where increased knowledge and skills increases the potential for social inclusion during recovery, e.g. employment (e.g. Cloud & Granfield 2001 p.123); and has the potential to generate further resources. Several of the elements discussed in the sections on outcomes earlier in this chapter are also processes that support PTG.

There is a lot in common between these findings and the PTG literature in the area of strategies that support growth (e.g. 3.11.3). There are also a number of strategies identified and promoted in the recovery literature (e.g. Granfield & Cloud 1999 pp.223-250, Cloud & Granfield 2001) for beginning and maintaining recovery that are similar to those that promote PTG (e.g. 3.11.3). This should not be surprising, as we have seen that recovery and thriving can be seen as different points on the same continuum, “....coping is not simply a homeostatic mechanism but can be intrinsically developmental or transformational...” (Aldwin 1994b p.219)

Many of the strategies that support recovery and thriving are discussed in chapters 2 and 3, though some of the more specific ones that had prominence in the findings are explored and discussed in this chapter and chapter 13. Such strategies can all be thought of as essentially about *utilising recovery and growth capital*. Some of the more important are:

- Cultivating awareness of self and situations
- Clarifying and exercising choice in regards to actions and feelings, including being positive and pursuing positive activities and experiences
- Making changes
- Working towards goals, particularly an overarching goal of personal development and growth
- Involvement in supportive and positive social networks
- Making and seeking meaning

These findings concur with Prochaska et al (1992 p.1108) and Granfield & Cloud (2001 pp.163-6) in emphasising the importance of believing in and committing oneself to change and development.

#### 9.4.4.3.1 Awareness

Developing conscious awareness and self-evaluation is central to any work with addictions, recovery or change (Koski-Jannes 2004 pp.61-2, Prochaska et al 1992 pp.1108, 1111). This has a range of potential benefits as described by many of those interviewed (see 7.6.1.1), including enhancing the sense of what may be 'right' for the person, and increasing the potential to effectively manage problems and improve their lives. Dunbar et al's (1998) study of women living with HIV spoke

of profound self-awareness (p.147), and almost all the sample identified this positively-focussed reflection as a key strategy for ongoing growth.

Perhaps related to this is the construct of 'emotional intelligence', i.e. the accurate and appropriate recognition and regulation of emotions. This has been shown to be an important variable in PTG (Linley 2004 Ch.3 & p.222), but is particularly of note as it is possible this can be consciously developed (ibid p.222).

#### 9.4.4.4 Positive activities

Another group of strategies not explored elsewhere is the pursuit of what can be a very wide range of positive activities (see 7.6.2). Folkman (1997 pp.1216-7) emphasises active seeking of positive experiences as a way of mediating the distress caused by the traumatic experience. Here people are motivated to seek out or create positive psychological experiences, either that are 'known' to be positive, or that are infused by the person with positive meaning. Such experiences provide respite, and help restore psychosocial resources such as hope, esteem and perceived social support. A range of approaches used by study participants to support their well-being and development are discussed below, many of which are experienced as valuable in their own right, not solely in alleviating distress.

##### 9.4.4.4.1 Self-care

Woodward & Joseph's (2003 p.276) sample of abuse survivors had learnt to respect, value and meet their own needs in a healthy, loving way. Attention to diet, exercise and rest not only aids recovery (Cloud & Granfield 2001 pp. 173-192), but is also part of ongoing growth and

thriving (Grof 1993 pp.201-3). Milam (2004) is one of a number of studies where there are positive correlations between a range of healthy behaviours and PTG. Almost all the sample mentioned self-care as crucial (e.g. 7.6.2), and a number of specific strategies that were felt by those practicing them to be directly healing and growth-promoting in their own right are discussed below.

#### 9.4.4.4.2 Meditation

Meditation may reduce cravings, manage difficult emotions, and promote a number of PTG factors in its own right (Aron & Aron 1980). The description of the benefits of daily meditation in the AA 'Big Book' (Alcoholics Anonymous 2001 p.86) illustrates the potential of this practice of rigorous and constructive reflection for promoting personal growth, as well as for seeking and maintaining calm and reflection (see 7.6.2).

#### 9.4.4.4.3 Nature

Hall's (2003 p.659) sample of women child abuse survivors with substance misuse problems talked of a growing relationship to the natural world and their bodies, echoed by a number of this sample (see 7.6.2). Grof (1993 pp.199-200) also emphasised the restorative power of nature.

#### 9.4.4.4.4 Creativity

As with many of this sample, Grof describes (1993 pp.200-201) the benefits of creative expression in both recovery and ongoing growth.

Tedeschi (1999 p.332) specifically discusses how artistic depictions of trauma can have a healing as well as an educational function.

## **9.5 Meaning**

The specific issue of *meaning* came up repeatedly in the study, as an outcome, as a key process in recovery and growth (meaning-making) and as a key value (“meaningful”). Meaning is seen as central to PTG as this kind of major life crisis inevitably confronts the person with the major existential questions (Calhoun & Tedeschi 2006b p.6) about life, its meaning, and the person’s place and purpose in it, in common with the experience of many of the people interviewed. Davis et al (1998) review a range of literature that places the search for meaning as central if not critical in responses to trauma (whilst noting the limited empirical data at the time to support this view), and Park & Ai (2005) also support the centrality of meaning-making. Baumeister & Vohs (2002 p.608) discuss four areas of need for meaning that will define the extent to which a person’s life is meaningful; specifically purpose, values, sense of efficacy and basis for self-worth. Though not specifically asked about meaning, most of the sample mentioned these areas as both important and satisfying (e.g. 7.3).

Folkman (1997 pp.1216-7) identifies meaning-making as one of the main coping pathways that lead to more positive psychological states. This can involve positive reappraisal - finding meaning by interpreting the experience in terms of values and beliefs that are deeply-held and meaningful in themselves; and finding meaning in regaining a sense of purpose and control by revising goals and planning goal-directed problem-focussed coping; and by activating spiritual beliefs and experiences. This can begin very soon after the experience, but it may



be that deeper more existential changes take longer (Linley & Joseph 2002 p.16).

Meaning may be so important as it is a primary human concern. For example, Victor Frankl's (the founder of Logotherapy and a concentration camp survivor) view was that "man's primary concern is to find and fulfil meaning and purpose in life" (Frankl 1963 p.258).

Janoff-Bulman (2004, 2006) makes a very useful distinction between meaning in terms of *comprehensibility* – stressing the importance of making sense of the traumatic experience – and meaning as in *significance*, more concerned with ongoing existential issues and issues of values. The shift from searching for an explanation to looking for the significance of an event may represent an important step towards PTG (Tartaro et al 2006 p.48). Further to this process, Janoff-Bulman (2006 p.90) describes how over time the focus shifts from a concern with the meaning *of* life to meaning *in* life.

Relevant to this point is the discussion below on narratives, with Pals & McAdams (2004) two stage version of the narrative process that corresponds to the two areas of meaning above. Both types of meaning were of importance to this sample, though there was more focus on *significance*, perhaps as the two 'questions' relate to different stages of the recovery and growth process. Davis et al (1998, in a longitudinal study of people coping with the loss of a family member) see both making sense of the experience and finding benefit in it as aspects of the search for meaning, and that both promote adjustment, though benefit-finding appears to follow sense-making.

As noted in 6.7, the respondents in the GT study were mostly educated to at least degree level or equivalent. A hypothesis perhaps worthy of investigation is that 'elaborated code' (Bernstein 1973) – essentially a more sophisticated and context-independent vocabulary and cognition – allows for increased understanding and finding of meaning, and supports communication of these, all processes that may support recovery and growth. It is worth noting that a number of the approaches to meaning and understanding discussed in the following sections and 13.10 teach people (indirectly) a more elaborated code that helps support such development, e.g. the conceptual frameworks and processes of some psychotherapies or religions.

Many people with addictions have a relative lack of a sense of meaning and purpose that changes with recovery (Miller 1997 pp.37-8). Finding meaning is also seen as a well-established way of coping with suffering and loss (references Folkman 1997 p. 1215). This can be by finding some redeeming value in the experience (e.g. working in that area), reclarifying priorities, or pursuing and attaining meaningful goals, all reported in this study.

#### 9.5.1 Sources of meaning and narrative

Meaning was developed and maintained in a variety of ways, including structured approaches such as the 12-steps, counselling and psychotherapy, and religion and spirituality. The narrative perspective appears suited to discussing the various goals of meaning-making and the approaches used.

Narratives are essentially stories we hear or tell ourselves that we can relate to, as well as construct ourselves, and that help make sense of

experience. Established narratives are important when making significant changes in life, as they can support continuity and show ways forward, for example the 12 steps (9.5.2 below), and the narratives (i.e. conceptual frameworks and processes) from some schools of psychology. To some extent the person will also be developing their own narrative, allowing construction and consolidation of the changes (Calhoun & Tedeschi 1999 pp.21, 60-1, Meichenbaum 2006, Neimeyer 2004).

Pals & McAdam (2004 p.66) go into the narrative processes they see as central to PTG in more detail than most other authors. They describe a two stage narrative process that begins with acknowledging and examining the traumatic experience itself, and they go so far as to say that if this does not happen, then the likelihood of growth is significantly reduced. The second stage is to construct a positive ending that describes and explains the new transformed identity. Both these stages echo the findings of this present study (see 7.4.2), the first stage in particular also reflecting both the 12-step literature and the experiences of some of those who had been involved in 12-step programmes, and the second matching the stories of a number of people interviewed (albeit that the interview questions may have encouraged such a narrative). Neimeyer (2006, coming from a constructivist and narrative perspective) sees PTG as essentially a process of the reconstruction of meaning.

#### 9.5.2 The 12-steps and 12-step fellowships

In terms of both recovery and growth capital, social support and meaning-making are identified as important to PTG. The study sample accessed this capital from a variety of sources, though about a third of

those interviewed had been involved in either NA or AA, and identified its particular value in terms of social support, providing meaning, and structured personal and spiritual development (e.g. 7.5.1.2 and 7.7).

Many authors (e.g. Tonigan et al 1999 p.114) differentiate between 12-step programmes and 12-step fellowships. The 'programme' has as its core the 12-steps themselves (appendix v), a structured, sequential framework for recovery, and potentially ongoing personal and spiritual development (see below). 12-step fellowships (e.g. Alcoholics Anonymous, Narcotics Anonymous) are usually associated with the 12-step programmes and are 'designed' to offer social support and understanding together with sense and meaning-making.

The potential benefits of the 12-steps and 12-step programmes are affirmed by Bloom (1998 pp.186-7), who describes them as "...a structured and methodical way of transforming self-destructive...behaviour into an individually productive and socially constructive life." This is even clearer when the actions involved in the later steps are further elaborated, such as in the 'Big Book' (Alcoholics Anonymous 2001), the 'bible' of Alcoholics Anonymous, and the primary text for such 12-step fellowships.

A few of the sample cited the structured framework of the 12-steps as supporting their PTG, though more placed an emphasis on the benefits of the fellowship aspect, in particular the support of others who understood. There is much support for both recovery and PTG in a ready-made network of 'safe' associates, a positive and structured belief system and a normative set of values proscribing substance use (Granfield & Cloud 1999 p.65).

This function of 12-step groups as a positive cultural influence supporting and promoting PTG is reflected in discussions in the PTG literature (see 13.10.1 and Calhoun & Tedeschi 2006b p.13) on the cultural context. This suggests that the support for self-disclosure from fellow members aids the process of constructive rumination for the study participants. Additionally, the range of meaning and narrative options from those members and the literature that is available to explore and explain both addiction and recovery (and to some extent PTG) also supports the ruminative processes and PTG in general.

12-step fellowships such as Alcoholics Anonymous are a particularly well developed resource of available understanding in the narrative context (as well as social capital). Neimeyer (ibid pp.69-71) argues that narrative is central to our process of making meaning, indeed that it is the method by which we make meaning. Pertinent to this is the function of narrative in the meetings that are at the core of the 12-step fellowships. Established members will have told their stories to others many times, and there is a rich and extensive corpus of narrative for members to draw from.

Thune discusses (1977 pp.79-81) how being involved in the AA programme dictates and defines the life story and the person's interpretation of life events. "...in telling their life histories the members [of AA] used other member's stories as explicit models for the proper way to construct and analyse their own past. This helps them make sense of their past and attain control over drinking." (Hanninen & Koski-Jannes 1999 p.1838).

In respect to the necessity to make sense of the addictive experience, Tedeschi & Calhoun (2006 p.305) see this kind of reconstruction of life

narrative as crucial in integrating the traumatic experience into their lives and identity. Many members experience benefit from the existence of narratives similar to their own, and particularly narratives of hope, which may partially explain some of the 12-step fellowships' success in supporting recovery and enhanced growth (Bewley 1993 p.8 and see 7.5.1.2).

The sample had mixed views on whether the 12 step narrative was a liberating one that clarified their experience and showed them a way forward, or a restrictive one that they could not relate to and fit in with. The former stance tended to be that of those who had effectively used the 12 steps and the associated fellowships, and is supported in the PTG literature (Meichenbaum 2006 p.363), the latter the stance of those who hadn't, often explicitly rejecting this as an option. A number of the former reflected the views of Swora (2004) in seeing the 12-steps as more than making sense of the past and of the maintenance of sobriety, but as also a live narrative of transformation and spiritual development.

#### 9.5.2.1 The 12-Steps as a spiritual approach

12-step programmes can be considered as spiritual, in terms of being explicitly focussed towards working constructively for alignment with a higher power (Grof 1993), and do define themselves in this way (Alcoholics Anonymous 2001, Chapter 4 in particular). Chopra also shares the views of a number of the present sample when he says (1997 p.52), "... [AA] offers the recovering alcoholic a chance to understand drinking, not only as an affliction, but as a kind of opportunity, the first rung on a ladder of self-development that can lead to genuine spiritual fulfilment." Indeed, many authors are with Grof

(particularly those from the USA, e.g. Peteet 1993, Miller 2003a, b) in seeing the 12-steps as a specifically spiritual programme.

### 9.5.3 Counselling and therapy

An approach used by many interviewed to support the search for meaning, help find the way through transformative experiences and support and maintain growth and development was the use of counselling or psychotherapy. Grof (1993 pp.197-9) discusses the role of therapy in helping to identify and address emotions, memories and experiences that stand in the way of a healthy and happy life and ongoing growth and thriving. Cloud & Granfield (2001 pp. 220-2) discuss the benefits of counselling and therapy in both recovery and ongoing personal growth, as well as the extensive range of available self-improvement material.

A number of humanistic and transpersonal approaches had and were being used by those interviewed and are supported in the literature. Person-centred approaches were stressed by Joseph (2004) and Linley (2004 pp.226-8). Most transpersonal approaches also allow for and aim towards promoting personal and spiritual growth, e.g. Bewley's (1993) discussion on the relevance of Psychosynthesis, specifically in regard to addictions. There are also a range of 'clinical' methods specifically using a narrative approach that have potential for supporting PTG (see Neimeyer 2004 pp.57-8, Meichenbaum 2006). It is worth noting that most such approaches are individually focussed, though Lechner & Antoni (2004) have written on group-based approaches to promoting PTG (in cancer patients).

Prochaska et al's (1992 p.1108) emphasis on the importance of helping relationships (not necessarily professional ones) as being open and trusting about problems with someone who cares has benefit as an ongoing approach, going beyond use in supporting recovery to supporting thriving and PTG.

#### 9.5.4 Religion and spirituality

Shaw et al's (2005 pp.2-3) review of studies of religion, spirituality and PTG shows that there is often a positive relationship between religion/spirituality and trauma. Religion/spirituality helps coping and can increase the possibility and extent of PTG, and in turn the processes involved in PTG can deepen and extend experience of religion and spirituality. These are traditionally ways through which people develop and maintain personal values and beliefs about human meaning and purpose, and it is often these questions that come to the fore when trying to make sense of traumatic experiences

Several authors (e.g. Chappel 1990, Miller 2003b pp.391-2, Pardini et al 2000, Shaw et al 2005 p.4) make a distinction between intrinsic and extrinsic religiousness, the former being more personal, individual and deeper, the latter being more socially based and having a number of (mostly social) purposes that are less central to the core tenets of the religion itself. Shaw et al's (2005) view is that it is the more intrinsic aspects of religion and spirituality that are likely to be associated with PTG, as these may promote meaning, purpose and coherence.

More broadly, Cloud & Granfield's (2001 pp.196-9) discussion on belief and conversion recognises the benefits of immersion in any comprehensive and positive role or ideology. "...individuals who engage



in recovery without treatment frequently experienced conversion to a new way of life and a new epistemology of meaning...becoming intensely involved in new pursuits that engulfed them and gave them new meaning....a dramatic realignment of their relationship with the world that was now incompatible with heavy alcohol and drug use.” (Granfield & Cloud 2002 p.11). Specific examples include religious involvement – but also being a student, a parent, a member of a 12-step fellowship or involvement in secular ideologies or organisations. These and other meaningful identities and pursuits were all found in this study.

## **9.6 The second part of the research question**

To summarise the second half of this chapter, the data shows a range of interlinked processes involved with PTG in recovery from addiction. Personal resources such as knowledge, skills, attitudes and beliefs work with environmental resources such as social support and development opportunities to remove obstacles and further support the person's growth. This growth capital is used and generated in a range of interconnected processes, many of which have the potential to be positive loops. Most of these processes require conscious and active input from the person.

However, as in the first half of this chapter, the data was richer and clearer in some areas than others. Some questions may remain difficult to answer (what drives growth?), and others may only be satisfactorily answered by large and longitudinal studies (e.g. the variables involved in sustaining a forward progress), but there are a number of questions that further and still manageable research may be able to throw some light on as well as these, for example, what if any stages are involved in these processes or what are the differing paths that people can take? It

is to try to address these and some of the other questions mentioned in this chapter that a second (IPA) study was undertaken, outlined and discussed in the following chapters.

## **9.7 Summary and conclusion**

To summarise the GT study; PTG post addiction involves a variety of positive outcomes across a range of domains, in particular the positive development of personal attitudes and approaches, the social sphere, and the broad area of meaning, purpose and values. Many of these outcomes interact with a range of processes to support recovery and further personal development and growth.

This study has covered a lot of ground in answering the first two parts of the research question (the third is covered in chapter 15). The qualitative approach used has not only clarified many of the outcomes and processes explored, but has hopefully also illuminated elements of PTG that are recognised in the wider literature but not necessarily understood and explicated in such detail.

The study establishes that there is much in common between these findings and those of the wider PTG literature of which it appears to be a part. The GT findings contribute to the knowledge and theory of PTG and have implications for the practice of promoting recovery and PTG in this particular population. In turn, it is likely that there is much in knowledge, theory and practice that is relevant to addiction and recovery from other areas of PTG. The implications of the findings are discussed together with those from the following IPA study in chapter 15.

The data has given rise to a model of outcomes and processes involved in PTG post-addiction that is generalisable and testable, and a number of recommendations in this respect are made in 15.5. In particular areas where the data has been unclear or is missing, it is now clearer what more detailed questions need asking, and how these can best be asked (some of which is done in the following IPA study).

## **10      Chapter 10 - Method – IPA Study**

### **10.1      Introduction**

This chapter describes the methods used in the second study, that using Interpretative Phenomenological Analysis. It begins with the sampling and recruitment process, including some detail of the sample, and is followed by a description of the application of IPA.

This second study had two main functions. Broadly, it sought to ‘test’ the theoretical model generated in the GT study. As such, the overall research question remains that described in Chapter 4. This testing was on two levels, firstly by seeing to what extent similar findings were generated (this should have been the case), and secondly by consulting ‘experts’ (see next section) as to their view of the elements of that model.

More specifically, the IPA study was designed to extend the range and depth of this model. This was in a number of ways. Firstly, by asking questions designed to address some of the ‘gaps’ in the GT model, for example, what were the stages (if any) in the study participants’ processes of PTG post-addiction? Secondly, by asking these questions of ‘experts’, who would be able to answer them not just from the perspective of their own personal experience, but within the context of their relevant knowledge, for example, whether there was an innate drive in all people to grow and develop? And thirdly, as the IPA methodology allows for and encourages interpretation, I would be able to bring into the findings not just the views of the ‘expert’ respondents in the IPA study, but my own ‘expert’ views and those from the literature. All this should help test, extend and refine the model from the GT study.

## 10.2 Recruitment in the IPA Study

The IPA study was designed to build on the work of the preceding GT study, and accordingly, all the IPA subjects needed to fulfil the criteria for the original GT study (see Appendix iv). Additionally, it was an explicit aim of this second study to interview people who were in some way 'expert', i.e. able to comment on not just their own experience but more widely on that of others.

Flick (1995 p.86) divides everyday knowledge into two; firstly *narrative*, where experiences are stored in episodes and around concrete memories of situations, and secondly *semantic*, where generalisations of these experiences are represented around images, concepts and relations among concepts. It was hoped that the aspects of 'expertise' and interpretation in the IPA study would provide some of the more 'semantic' data that would help extend and refine the findings and theory from the first study.

IPA does not aspire to work with representative samples, but rather encourages purposive and deliberately narrowly targeted recruitment focussed on enlisting people who can say something in detail about the research question (Brocki & Wearden 2006 pp.95, Smith & Osborn 2003 p.54). Likely people who would fulfil the above criteria might be those who worked, researched or were in some way interested and active in the fields of addiction and/or recovery. Hence such people were deliberately sought out. Two of the three subjects were encountered presenting at conferences, the third was a fellow professional (though not a colleague).

### **10.3 Sample characteristics.**

(The terms used to describe the person's substance use, e.g. 'severe', are used in the same way as they are in the GT study, see 6.6.2)

Subject 17 was a 61 year old man abstinent for over 30 years after a period in a residential treatment centre following more than ten years of severe addiction to heroin and alcohol. Long-term marriage, no children, didn't complete higher education. He writes and speaks on the subject of addiction.

Subject 18 was a 51 year old man over 20 years after several years of addiction to heroin and cocaine, throughout which he largely 'functioned'. Relationship and children. Graduate. He writes, teaches and practices in the addiction field.

Subject 19 was a 41 year old man twelve years after several years severe addiction to a range of drugs and alcohol, punctuated by a number of prison sentences. He is an established and respected senior practitioner in the addictions field.

### **10.4 IPA interview questions**

In the IPA study the questions used to frame the semi-structured interview were designed to cover similar areas as had arisen in the GT study, to pursue some aspects further (e.g. to what extent is this growth just normal maturation?), and allow for new areas to come up. A number of potential questions were prepared in case certain subject areas arose (see appendix iii, e.g. do you have a sense of what the meaning of your own life might be?). It is consistent with the IPA

approach (Brocki & Wearden 2006 p.91) to direct or digress from the interview schedule if this is considered useful and relevant by the researcher, something I was reluctant to do in the GT study due to the emphasis on consistency in data collection. This 'freedom' within the IPA methodology appeared to support richer data collection. Details of the length of interviews and transcripts are in Table 5 below.

**Table 5 – Details of IPA study interviews**

Subject	Interview Method	Length of face-to-face interview	Amount of words in transcript
17	Face-to-face	1 hour 30 minutes	7,700
18	Face-to-face	1 hour 45 minutes	13,600
19	Face-to-face	1 hour 15 minutes	7,300

## **10.5 The data analysis**

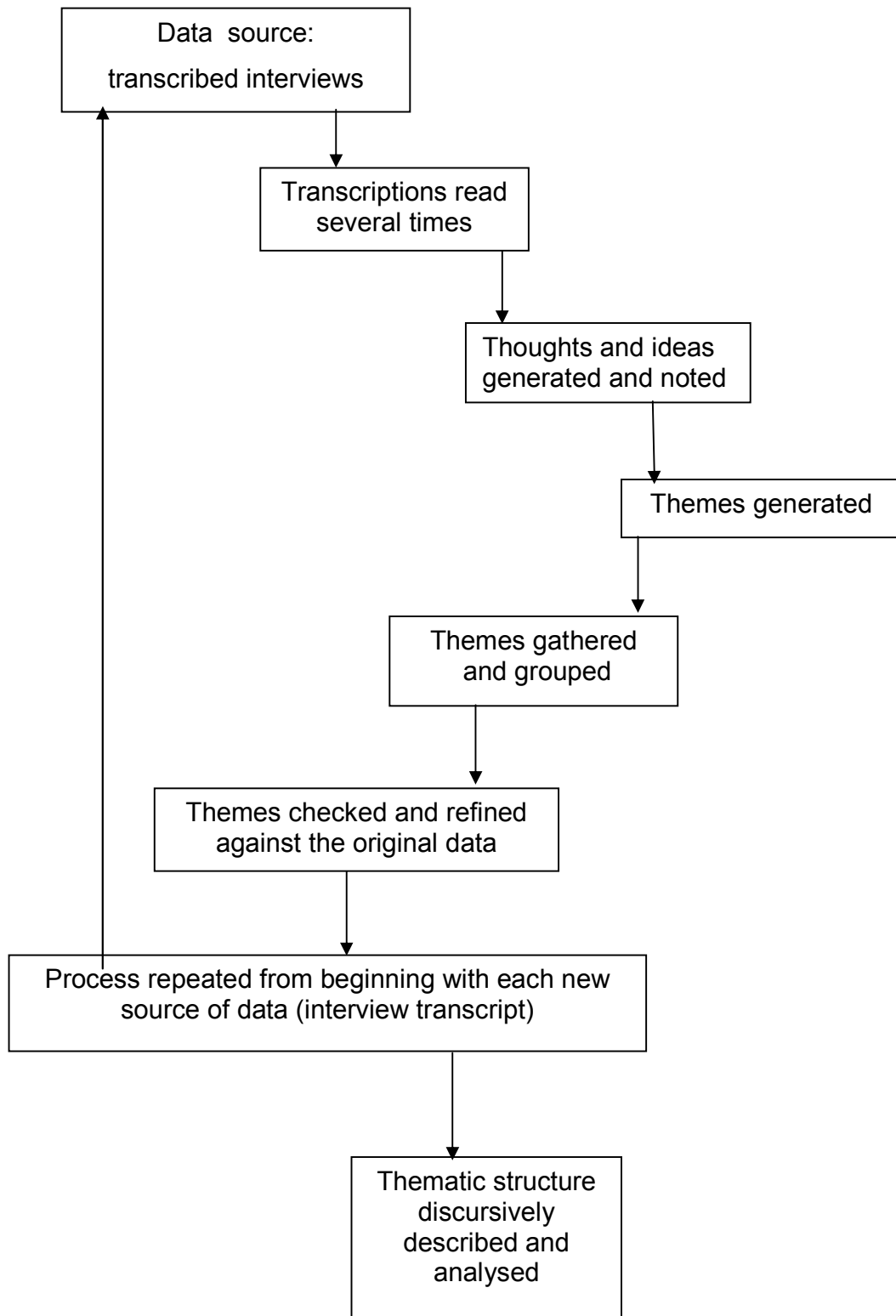
In the following sections I describe the detailed stages of data analysis using Interpretative Phenomenological Analysis, using my own experience in the study under discussion to illustrate the processes.

### **10.5.1 The Process of IPA**

There are a number of stages in the IPA process (see Willig 2001, Smith et al 1999). These are illustrated in Figure 10 overleaf, and can be summarised as:

1. Immersion in the data
2. Generating thoughts and ideas
3. Generating themes
4. Gathering themes
5. Grouping themes
6. Checking and focussing themes
7. Checking themes again

**Figure 10 - Data Collection, Analysis and Theory Generation in the IPA Study**





In common with Grounded Theory, IPA begins with the text of the transcribed interview. This is made with large margins, particularly on the left hand side.

The first stage was to read the whole transcript two or three times in order to support the idiographic process by trying to develop a sense of the individual and their particular 'story', as well as stimulating thinking about specific aspects of the data. During this stage, some notes were made in the left-hand margin, though this was primarily an activity of the next stage.

In the next stage the transcript was read through again, noting places where themes or points seemed to emerge. The thinking about these points was written in brief form in the left margin, to the extent that I could be confident of not forgetting any 'insights'. These brief notes were analogous to the *memos* of Grounded Theory (6.9.2), in that they were discursive and in practice were the foundation of much of the final discussion and analysis. Also in common with *memos*, they included interpretations. These were perhaps longer than is common in the IPA literature, but this was deliberate as I wanted them to fulfil some of the functions of Grounded Theory *memos*.

For instance, the following section was part of a discussion about the impact of group therapy in a challenging residential rehabilitation programme:

*"...I think the best way of describing it is to say [the group therapy] was a kind of radical personality surgery, and the way he [the therapist] manipulated the group process, the way it was used...cut out all that baggage that the very weakened self of the practising addict carries with*

*it, trails behind him...As an efficient tool for doing what I've just said, this kind of surgery, this cutting away of unnecessary baggage...*" (17:2-3)

This triggered thinking about the concept of 'baggage', a term I am very familiar with but am rarely called upon to explain. Many IPA studies may have just made a brief note such as 'unwanted internalised pathology' in the left margin, but I was struck by the metaphor itself, having an image of someone struggling along their way pulling a large unwieldy suitcase. So not wanting to lose either this perspective or potential insight into what I felt the interviewee was expressing, I accordingly wrote a longer note in the margin:

*"word 'baggage' implies being obliged to carry something unwieldy, unwanted, burdensome, awkward, disabling, given from others, inherited perhaps (from childhood, parents)"* (note attached to 17:2)

In the next stage the transcript is gone through yet again, and key themes are noted in the right hand margin, usually corresponding to some of those already noted in the left-hand margins. These tend to be of one or two words, sometimes in-vivo, sometimes a summary concept. These concise phrases aim to capture the essential quality of what was found in the text, often a link between the more abstract and possibly psychological conceptualising that may be represented in the notes in the left-hand margin, and what is actually said in the text.

In the above example, the in-vivo word 'baggage' was used as a code in the right-hand margin. Another theme from this section was the phrase 'group therapy', as this was also what was being discussed. At the same time the relevant part of the text that functioned either as the data

source for that code or a direct quote was underlined and attached to the code by a drawn line.

In the fourth stage I wrote all the codes in a list. Next these were grouped into major themes, with sub-themes, noting connections between them, and looking for superordinate concepts. An example group is the following:

*Ways of moving on...*

- *Finding meaning (later not important)*
- *Acceptance of self and experience*
- *Detachment from attachments, letting go*

(Int.33 excerpt from table of themes)

Similarly to the iterative process in Grounded Theory, in the sixth stage these themes were checked back against the original text, and modified accordingly. This iterative process of "...checking one's own sense-making against what the person actually said." (Smith & Osborn 2003 p.72) helped to ensure that my interpretations were relevant to the original data. This was also an opportunity to establish which the more important themes were, either in terms of their frequency of expression, or how effectively they captured a key point. This process led to some slight rewriting and rearrangement of the themes.

Lastly, the final set of themes was again checked against the data, and again slightly modified as a result, resulting in a final table of themes, all noting at least one example of text they referred to.

IPA is not prescriptive on the exact method of collating data from a number of subjects, and one option was that the themes from the first

IPA subject were used in the analysis of the subsequent interviews, whilst acknowledging new issues, convergence and divergence. However, it was decided not to do this, partly as the sample size made other options manageable, but also in case this approach missed important themes. Instead, the stages above were also carried out on the other two subjects in turn, although inevitably with an awareness of themes that had already arisen (as well as those from the Grounded Theory study).

These three groups of themes were then brought together to generate an overall set of themes, prominence being given to those that were common. This final table of themes was then checked back against the original data in all three interviews, and modified accordingly.

This ultimate table of themes from the IPA data then provides (Reid et al 2005 p.23) the framework for a discursive analysis of the data, where much of the original material generated in the left-hand margins returned and was expanded. This is the stage where the researcher's interpretations become more relevant, attempting to make sense of the data, specifically in respect of the research question (ibid p.22). This data is covered in the IPA findings in the next chapter.

## 11 Chapter 11 - IPA Findings

*“In the middle of our life journey I found myself in a dark wood. I had wandered from the straight path. It isn’t easy to talk about it: it was such a thick, wild and rough forest that when I think of it my fear returns...I can’t offer any good explanation for how I entered it. I was so sleepy at that point that I strayed from the right path.” (Dante: Inferno Canto I)*

### 11.1 Introduction

This chapter outlines the findings of the IPA study, the second in this enquiry into PTG post-addiction. This was designed to cover similar ground to the previous GT study (chapters 7-9) but also to extend the overall enquiry by both attempting to fill in some of the gaps still remaining, and developing a broader theoretical perspective on the phenomenon of PTG and addictions through exploring the views of ‘experts’ (see 9.7 and 10.2).

In common with the GT study, it is difficult to explore post-addiction without exploring addiction to some extent, and as such there are some findings related to addiction that are also covered in this chapter. PTG outcomes are not covered as broadly as in chapter 7 in order to avoid too much repetition of the GT findings, but a number of attitudes, approaches and strategies that are PTG outcomes (as well as processes) are explored.

The overall theme which emerged from this further study of PTG post-addiction was of *‘making your own way’*, comprising the two higher order codes emerging from the data of *individuation* and *deliberateness*, and these form the bulk of the findings. As the data on ‘stages’ provides a

useful context for the key themes of individuation and deliberateness, stages are covered first.

**Table 6 – Structure of the main categories emergent from the data in the IPA study**

Core categories	Main sub-categories
Individuation:	
	The 'self'
	Individuation versus acculturation
	Identity
	Stages, including changing priorities
	Journey
Deliberateness:	
	Development and use of capital: frameworks, social capital
	Processing experience
	Awareness and choice
	Meaning-making

## 11.2 Stages

One goal of the IPA study was to further clarify possible stages involved in PTG relating to addictions. As with the GT study, the data was richest in relation to the periods of addiction and early recovery. Although it was possible to identify some stages from the data, progress was not necessarily linear, as noted by one of the sample; “...*there was an idea you just grow and grow and grow...my life's not really been like that*” (18:27). The aspect of identity was strong in the IPA data, and some of the stages discussed below are focussed on this theme.

The common stages identified could be summarised as:

1. Pursuing an aesthetic
2. Addiction
3. Disillusionment and dissatisfaction
4. Managing and stopping addiction
5. Active recovery, including time to adjust, regroup and develop
6. (Later stages varying)

#### 11.2.1 Identification with an aesthetic

A consistent theme for those interviewed was that of identity, specifically that their approach to the use of drugs and alcohol was influenced by an “*aesthetic*” (18:23) they admired and wished to emulate. This identity allowed for such desirable self-concepts as artist, romantic, outlaw and hero, for example.

*“...when I started using, my aim was to produce a self-image...vagabond...sex appeal...a very attractive image...it was definitely an aesthetic, about the growing of a particular kind of image...I didn't at that time appreciate the self-destruction was so real...it would have been less interesting if it had been made legal, it was the fact that it was a counter-culture thing...there was something about drug use even in those early teenage years that was appealing because of its counter-cultural associations.” (18: 22-23, 52)*

*“...there was that sense of we were out there bravely exploring what all you dull bourgeois shits daren't explore. This is what life's really about. And I think that sense of urgency, that sense of not wanting to be dull. Isn't it odd, 'cos there I was taking heroin, which is the ultimate duller...we were really revolutionary. We were going to change society.*

*It was all deluded. But we were going to change society because we could see how deluded society was.” (17:29)*

To varying extents they all still had some sympathy with these identities, though were clear that what positive potential these identities may have had was undermined by addiction.

*“The addicts are heroes because they are stepping outside of the box. They are saying “this is no good”...the addict goes one further [than everyone else], he goes right out on the limb, and takes all those extraordinary risks only to find he can’t get back again...You need the outsiders, because that’s what addicts are. Outsiders actually throw light on the core...” (17:15, 26)*

#### 11.2.2 Rejection of the aesthetic

Ultimately it became clear that drugs and alcohol were failing to fulfil their ‘promise’ on a number of levels. On a practical level, their self-medicating function was inadequate; indeed they had generally increased the level of pain and suffering, sometimes to an intolerable extent;

*“...in hindsight I stopped because the addiction ceased to be useful. By the time I stopped I was an alcoholic, and couldn’t get drunk any more. There I was. So I was drinking sometimes two whole bottles of rum a day and my body was just falling apart. I was hospitalised several times...it just didn’t in any stretch of the imagination work at all, in any way. I mean there was no buzz, there was no nothing, I was just drinking to get rid of the horrors, the shakes...all those symptoms of withdrawal. And in the end emotionally and psychologically it didn’t do*



*what it had once done, which was to cover up the pain that was there anyway.” (17:1-2)*

*“...I believed my life was over...it was probably the worst moment of my life...I felt nothing. I felt dead, cold, alone, lost, a lack of emotion except this overwhelming sense of despair...I was going to die a drug user...” (19:1-2)*

Additionally there was considerable disillusionment, at the very least with what life had become, but often also with the dream the person was chasing that led them into the addiction, e.g. a desired identity as outlaw or rebel, or a sense of status or self.

*“there was growth, but it was pretty much of image, a wilder world if you like...then it started to decline, into complete disillusionment, over about a 10 year period.” (18:25)*

*“I just didn’t want this life I was living...I wanted something else, there was something better my life could be...I didn’t like my life...the hierarchy of criminality is a myth and a misguided idea. If you want to climb to the top it means you have to sell your soul...and lose all your good ideas about vying against the powers that be...” (19:3, 20-21)*

And lastly, there is a realisation that this particular route is probably a dead end. In terms of individuation as the central task of the personal journey (see 11.3.2 and 13.6), addiction is ‘anti-growth’, in that it causes more problems than it may cure, as well as undermining many of the processes that support growth and development. Leaving the addiction was an awakening:

*"I was completely fed up with it. I mean I was unequivocally bored with the whole thing and felt I needed to change...I couldn't get a handle on what I wanted to do with my life and that was the main problem with it"* (18:1)

*"...it was my first prison sentence when I really woke up. All my drug use and alcohol that led to it, it was like I was still asleep, I don't think I had matured as a person...I hadn't matured into an adult, I didn't have adult analysis, groundedness, wasn't present..."* (19:23-24)

### 11.2.3 Active recovery

Most of the sample put energy in the earlier stages of recovery in trying to understand themselves and what had happened to them. This process was supported by approaches such as psychotherapy, but particularly by structures such as the 12-steps, viewed as a tried and tested organised framework for personal and spiritual development in recovery from addictions.

*"[referring to the reasons for doing therapy]...I hadn't dealt with the issues, the psychological stuff that was answered by heroin in the first place."* (17:10)

*"I chose a method of recovery, recovery with the 12 steps. And I did probably 5 or 6 years of NA, mainly NA meetings. And got quite involved and built this whole network of people I knew. And I think there the thing to me is around spirituality, although I think it's highly misinterpreted by a lot of people, and it gets lost, but to me it's essentially a spiritual programme...that's what it's [the 12 steps] about, self discovery. And I think that kept it alive and a drive forward for me..."* (19:7)

There was considerable social capital and support within Narcotics and Alcoholics Anonymous, including a store of knowledge and narrative that made sense of much of their experience of addiction:

*“And I got involved in the fellowship...and made a lot of very good friends and met a lot of extremely interesting people...I realised I needed the support of AA and I enjoyed it, I found the people in there extremely interesting and diverse enough to be very advantageous and I more and less said I’ll go with it, I’ll go with the total abstinence just in order to benefit from that rather than because I necessarily believed in it.” (18:11-12)*

*“...the people [in NA] that were OK were good to be around. I could do other things with them, learn about doing other stuff in life, didn’t want to know you for your money, I didn’t need to know them for a purpose...just there, people I could talk to, friends.” (19:22)*

However, while emphasising considerable respect for the 12-steps and the fellowships, all were clear that they no longer needed this, indeed that it would now be unhealthy for them to hold this particular perspective on the experience of damage and addiction. The need to understand or define themselves in relation to addiction appeared to become less necessary as the experience receded into the past and the person became more concerned with the quality of their life as they were living it now.

*“I suppose for quite a long time I did need to try and explain it, and when I was doing psychotherapy I suppose that was one of the strands of the psychotherapy. But it’s dropped away, there’s no agenda there any*

*more...I think it's because I understand it better and because I'm calmer and because I'm more centred. The self has less need to explain itself to itself. It could just be.... [AH – Do you think that comes with [genuine] maturity?] Yes". (17:32-33)*

#### 11.2.4 Time

In relation to the developmental process, time was an important issue for the sample, specifically to have a relatively clear space in the early stage of recovery. Addiction had sapped their fortitude and respite was important in allowing them to slowly get used to the challenges of normal life. Time was also needed to adjust to a very different way of being and to re-evaluate life. Additionally, this space allowed time for the way forward to unfold.

*"...I didn't immediately want something better, I just wanted respite...when I didn't have to take too many responsibilities on board...chill out for a couple of years...get used to not taking drugs and establish a different kind of friendship group...it was a period where I enjoyed myself, I had very little responsibilities but I could start developing what I wanted to do...So I was trying to get somewhere, but it was very unclear to me where it is that would lead to..." (18:5, 15, 25)*

#### 11.2.5 Later stages

There was little consistency in later stages, perhaps because people were going increasingly divergent ways and at different paces. However, one respondent spoke quite specifically of progressive stages of coming back to life emotionally and in terms of feeling alive, and a later stage of feeling solid and secure in himself and his recovery:

*“...about 18 months, almost a sense of being more emotionally open. Real emotion, not like drug-fuelled or lost or suppressed emotion, but really open to emotions. I think at about five years, a sense of self, a sense of ‘actually I’ve done it, you know, this is quite an amazing feat.’”*  
(19:31-32)

Another had perhaps reached a temporary plateau:

*“...I did better at the beginning of my recovery...I certainly had a lot more friends...my life is very closed down to my family really and some of the few good friends who I don’t have time to see properly, so some things now probably aren’t as good as they were then...the journey since then has been a sort of accommodation of ordinariness.”*  
(18:20,27)

But all three were clear that they no longer thought of themselves as addicts, that that was a long way behind them, for example:

*“I’m not a recovering addict. I’m not an addict. Well, I might have been, but I’m not [now]. I’m just a practising human being who recognises my own shortcomings, failings and whatever, and I’ve got strategies to deal with that.”* (19:33)

All three were also clear how they wanted to live their lives now and had aims. These aims differed amongst them, though with common themes of self-actualisation and quality of life.

*“...all this stuff that’s going on at the moment about the so-called science of happiness, and well-being and on and on, is just catching up*

*with what some people have known all along. [laughing] It's about meaning, it's about purpose, it's about feeling fulfilled, all those things."* (17:12)

*"...very much spiritual...being a practising human being rather than a practising drug using lunatic."* (19:5)

### **11.3 Growth and development**

Within the context of growth, those interviewed differentiated clearly between two types of development, described by one participant as *individuation* and *acculturation*, the former an uncommon process, the latter common, natural and perhaps inevitable.

*"One [kind of growing up] is a kind of acculturation where people grow up to become like everybody else...and there's an exactly opposite process where people have grown into some kind of individual who is creative and creates some sort of personality that hasn't been seen before. And those [i.e. the latter group] are absolutely intentional, I think...we're acculturated, we're taught what's what, we're taught this moral system, we're taught particular relationship configurations we're supposed to undertake...we can choose to be radically different, we can choose to be barmy, we can choose to be an outlaw...I would see both journeys as growing up. So you have to discriminate between these two."* (18:45-46)

As is expanded on in the discussion above on *identity* (11.2.1), this drive to create their own 'unique' path was at least part of what led them into their problems with addiction in the first place, but has also been what has sustained and inspired them since (see the discussion below on the

journey 11.3.5), though these paths are often not as unique as people may believe at the time:

*“the thing is that what is normally called individuation is actually generally speaking not. If a teenager puts on rebellious clothes the one thing that we are absolutely certain is that it’s absolutely identical to the next teenager who’s doing the same thing. So instead of it being actual individuation it becomes joining another camp. Real creativity is much more difficult...and very much associated with addiction.” (18:47-48)*

#### 11.3.1 Acculturation

The concept of acculturation as described by interviewees posits that nearly everyone ‘grows up’ eventually, i.e. manages to behave in largely socially acceptable ways:

*“...I think most people manage to pretend that sort of look as if they're grown up. If you become a bank manager or you join the corporate world or even academe, you wear the right clothes, you say the right things, you look as though you are grown up.” (17:33-34)*

*“...whatever growing up is...to behave in socially acceptable ways, make reasonable commitments to relationships, have some sort of ability to make friends...” (18:41-42)*

Of note in these views is the contrast between the social focus of acculturation as opposed to the individual focus of individuation. Whilst recognising the importance for society of acculturation, those interviewed clearly felt individuation was the more important process for the individual to aspire to. In the tension between the demands of

society and the demands of being true to one's individual self, they were clear that the latter was more valid. There was a clear implication that these individuals saw individuation as a 'higher' process than acculturation.

However, whilst this pursuit of the individual's own path had in the past been at odds with and often at the expense of others, this did not appear to be the case now, nor were they advocating this. Now there was more acceptance of how things were, and of trying to find one's way within that context, rather than dismissing or fighting everything with which one disagreed.

There is an implication in these views that acculturation is a less conscious process than individuation, that people adapt socially because it is expected of them or it makes life easier, rather than because of any active or conscious commitment to acculturation as an ideal. In contrast, as is expanded on below in the section on *approaches that support growth*, individuation is seen as an explicit and conscious, uniquely personal endeavour, though perhaps precisely because of its individual nature there is sometimes vagueness as to exactly what is being worked towards.

### 11.3.2 Individuation

Individuation is a key concept in that it includes much of what is discussed and described in this chapter; not just the process of recovery and PTG, but also the overall life endeavour. By definition individuation involved different paths for different people, though as discussed in the rest of this chapter, there were several elements in common amongst the study participants. All three had begun this process post-addiction



within structured frameworks such as the 12-steps, and with the aim of understanding the experience and trying to ensure that it did not recur. After a few years however, they had started to make their own ways, using an eclectic and developing combination of tools, strategies, approaches and theoretical constructs. The findings on the subject of 'self' (11.5 below) are relevant to this theme, as it was implicit (and to some degree explicit) that the unfolding or actualisation of the self was central to the individuation process and journey.

*"Because the process that started at [rehab] was a process of growing up...Really growing up. (17:33-34)*

*"...if you read any developmental psychology book, all the descriptions are about acculturation...you don't read anything about becoming different from somebody else...the idea of becoming creative and self-actualising...there are no theories about it other than Rogers' own theory which is that it happens by magic..." (18:48)*

### 11.3.3 Prevalence of growth

The three 'experts' were clear that while acculturation was common and in most cases inevitable, in contrast individuation was rare. Most people would experience periods of such growth, but these were rarely sustained:

*AH: "There's an assumption that growing up is a natural thing to do."*

*33: "I don't think it is a natural thing at all."*

*AH: "Do you think people would do it left to their own devices?"*

*33: "No, I don't think so at all." (18:39)*

34: *"I think it's a fewer number of people, possibly 5% of the population of the world..."*

AH: *"Do you think most people are grown up, matured?"*

34: *(Interviewee laughs) No, no, not at all!" (19:17, 24)*

*"I think it's a major achievement to be grown up by [my age, i.e. 61]. I don't think many people are." (17:33)*

#### 11.3.4 Is growth 'natural?'

Acculturation was largely seen as a natural process that would inevitably unfold, though this could be compromised by adverse factors such as poor attachment in childhood, as was considered common in addiction.

*"...people [problem drug users] I look at with no parents, kids' home, no real love and no contact, tactile touch, sociopathic mostly, like they're on a different plane where materiality almost represents something else...they will pursue a world of wealth, materiality, because they don't understand what love is...they haven't got...a sense of self-worth and a strong sense of self." (19:14)*

However, there was not a consistent view as to the extent to which individuation might be a 'natural' process, in the sense that conditions permitting, most people would develop in this way or to this extent. Whilst all three believed that individuation was a rare process, it was not certain from the data (and I missed clarifying the point at the time) to what extent this was considered to be because of the presence of so many obstacles (e.g. societal pressures to conform) that undermined or failed to support an otherwise universal process, or because few people had the courage or vision to pursue such paths. Both sets of factors were acknowledged as operating (although their relative weightings

were unclear), and at least one person recognised that society was perhaps more sympathetic now to the individual approach than had been the case when such options were more limited.

*“one can simply see the idea of individual personal growth as a luxury item that is only accessible for people who’ve got enough time to devote to it...it’s always been around, but preserved for monks, or aristocrats, people of leisure.” (18:50)*

Whether in terms of individuation or acculturation, there was an emphasis on change in how people felt about things or perceived them, rather than necessarily a change in observable behaviour or situation (though in practice the two often went together). In this sense the three respondents believed that though they had certainly changed (e.g. had experienced PTG), they were still essentially the same people in terms of their personalities, but problematic traits were either more accepted and better managed, or had been transmuted into a form that was more acceptable and manageable.

*“I think they transmuted, they changed, they become friends. You can see tendencies of one’s personality as, ‘that was what I called a bad thing back then’, and you can see actually maybe it’s neither good nor bad, it’s just an aspect of how the personality works...the kind of change that we are talking about, is much more of a transmutation, it isn’t a getting rid of, it’s actually looking differently...you don’t have to look at it this way, you can look at it in that way...I don’t believe there are any total changes, any radical changes.” (17:6)*

*“And it was just a lot easier without drugs...in some senses there’s a continuity. I wasn’t that much of a different person I don’t think.” (18:21)*

### 11.3.5 The journey

There were a number of versions of the theme of a journey or quest. Firstly, it was often a search or quest for something (e.g. meaning, status, identity) that had led the person into their addiction in the first place, and this is very much tied into the issue of pursuing an *identity*, discussed further above (11.2.1). There was also the voyage or journey that they were now on post-addiction. *"It is a continuing search to be more rounded, grounded, present, enjoy life...its more of an adventure really"* (19:8). And lastly there was the overall journey of their life in its entirety, including the time pre-, during and post-addiction. *"...the human experiment...the hero's journey..."* (17:15). These can all be seen as individuation processes.

This was far from a linear journey. However, the period of addiction was not seen as wasted years lost without a map. Perhaps paradoxically, it was seen as being both a diversion and a dead-end in its own right, and at the same time a part of that overall life-journey, a necessary contributor to things as they were now. Although the experience itself was unpleasant and had to stop, without it people would not have developed as they had. This acceptance and embracing of the experience appeared to be partly a product of active effort in making sense of the addiction and of learning from it, and partly a positive view of the past in general derived from overall satisfaction with the state of their lives as it was now.

*"[AH: What do you think you gained from that experience that you otherwise might not have done?] Well everything. I've gained everything. Everything that makes me what I am. All the things I enjoy about being me. All the things I feel grateful for. I'm grateful that I was an addict..."* (17:27-28)

## **11.4 Deliberateness: approaches supporting growth and development**

### **11.4.1 Active and conscious effort**

The proactive process of development that began with ‘active recovery’ (11.2.4 above) continued beyond just overcoming the addiction into a range of PTG outcomes (e.g. the attitudes and approaches discussed in the following paragraphs). All the interlinked approaches discussed in this section that support this process are elements of a high-order approach of *deliberateness*. Interviewees believed that it took active and conscious effort to keep moving forward, that whether or not individuation was a ‘natural’ drive, it would not happen on its own. Complacency or laziness could undermine the process.

*“when I’m not doing things like Meditation...if I’m not moving forward, I don’t stay still, I slide backwards, my thinking changes, I sort of get depressed and don’t like the way my life is...It’s too easy to look backwards or get stuck in some terrible way of thinking or feeling in yourself. ...on different levels it wouldn’t work...I’d be stagnating, I wouldn’t be doing anything that in my way feeds me internally.” (19:9-10)*

### **11.4.2 Processing experience**

All three spoke of a range of approaches that supported growth and of the ‘positive’ impact of addiction and recovery (i.e. PTG), with one of the sample specific that stressful experiences in general were particularly relevant to growth and development, perhaps even necessary.

*“...I had Hep C [a potentially fatal disease that many injecting drug users have] as well along the way and did treatment, and there’s something that wakes you up to yourself, having treatment for Hepatitis... “[AH – So how do you grow, how do people grow?] Experiences I think...I mean hard ones across the board, whether it’s drugs, whether it’s loss of a parent...it’s about how you deal with it. Its about everyday life stuff, which doesn’t mean drugs – that was my method – for others it could be break up of relationships...bereavement...I’ve lost lots of friends, I get issues about that...they [i.e. life experiences] teach you something. It teaches you about accepting life for what life is.” (19:7, 26-27)*

#### 11.4.3 Awareness

Central in many of the approaches and attitudes that supported growth was *awareness*. Awareness was necessary to be clear on what was going on, to be clear on how one felt about what was going on, and to be clear on the potential options in any given situation. All considered awareness to be important, even to the point of being the key support for growth and individuation. Development was seen as coming from processing life experience in an aware way, though this process could be intensified by therapy and other practices:

*“[referring to a programme of group therapy] ...I was there for 8 weeks...there was some reflection...some self-awareness...finding out how other people saw me, which is not easy...” (18:10)*

*“The process of the meditation is about being in the centre. It’s a very simple process of bringing the attention here and attention is consciousness...and we can focus it. And when you start to focus it, you*

*realise how unfocused you are the rest of the time [laughing].” (17:11-12)*

*“...I’m just here doing it day by day and being aware and just growing.” (19:15)*

#### 11.4.4 Being ‘centred’

Connected to awareness is a group of overlapping concepts, i.e. *openness*, *connectedness*, *centredness* and *groundedness*, all of which were considered by those interviewed as desirable states (and are also PTG outcomes and growth capital). The extent to which the person is open to and in touch with their ‘self’ (see 11.5 and 13.9) and their environment dictates the extent to which they are clearly aware of these, and thus able to make more pertinent choices based on increased accuracy in reading the situation. Connectedness refers to an active relationship with self, others and the environment, and to awareness of these interactions. Centredness (see quote from Int.17 above) and groundedness are similar concepts, referring to being in touch with oneself, i.e. accurately aware of one’s feelings and experiences, and not distracted or destabilised by internal or external influences.

All of these attitudes or ‘states’ support awareness and the process of growth and individuation. They also act as theoretical constructs for the person to measure their situation, for example feeling more or less centred whilst going about one’s life. *“It’s about finding yourself, being grounded enough in the material world to actually be able to accept yourself” (19:15).* There are specific strategies for strengthening these states and approaches (following paragraphs and 11.4.3 above).

*“different methods...[over the years]. I mainly do sit down meditation today, but I must swim two or three times a week for a mile, while I try to focus on breathing, being present...it’s a form of meditation, and I think that’s being in touch with me, who I am today...a sense of spirituality which I class as connectedness to the universe, and to everything.”*  
(34:8)

*“Well they’re [personal pathologies] all illusion. I mean they’re all of the mind. So, as my mind has got quieter, got more centred over the years, they change.”* (17:9)

This last quote is a brief excerpt from a much longer section on a particular approach to meditation used by participant 17, and refers to a process where as the interviewee has become more ‘centred’, he has become more able to detach from troublesome impulses and traits, partly through seeing that they are not permanent and inevitable.

#### 11.4.5 Acceptance

A related approach is that of acceptance (see quote in 11.4.2 above), which does not imply passivity, but rather implies a stance of facing problems and making an effort to change matters, coupled with active approach-oriented processing or an emotional detachment from feeling unhappy in some way about things that cannot be changed. This is acceptance of self, circumstances and experience:

*“Learn to hold the hand of all your life experiences, I guess the word is acceptance, which is also a process...And that’s just my way of understanding maturing as an adult, accepting life, and beginning to*



*accept life on life's terms. Not running away from things. Anything. I try not to run away from anything.” (19:28-29)*

*“...it's about being able to take, not possession, but take ownership of this, this collection of karma that is me and enjoy it, rather than be frightened of it, be regretful of it, be ashamed of it...I enjoy, I like being me.” (17:28)*

One of the sample recommended a further level of detachment, specifically from ‘attachments’, in this context meaning letting go of strong emotions or what triggers them (also see last quote in 11.4.4 above).

*“when it reveals itself to be anger and not meaning, when it's shown to be just another passion...with no more meaning than lust or greed or any of the others...it goes.” (17:17)*

#### 11.4.6 Choice

Key to growth and development is the concept of choice, as we are constantly making choices that influence the exact course that we take through life. In the discussions with the study participants, choice was emphasised as being about choice in how we experience things. We may not be able to change the event, but we can change how we feel about it.

*“You know, success in life is simply how well I respond to what happens, not what happens. I have absolutely no control over what happens at all...I can respond if you really insult me and pour vitriol on upon me. Likely I will react and get upset, but I do have somewhere within the*

*remit of possibilities, all the way over there, there's that possibility of not reacting...There's always choice" (17:22-23).*

### **11.5 The 'self'**

The concept of 'self' is implicit in much of what was discussed, key to most of the themes and central to individuation, as it is the self that is both driving that process and being expressed through it. There are a number of elements in this notion of the self that could be sifted from the data, though few were explicit. Firstly, it is the core of the person, more constant, 'real' and true to them than their conscious mind, their mood at any one time, or the personas with which they interact with the world. For one at least this was explicitly equivalent to the 'soul' or 'spirit':

*"I think there's a willingness to survive or live, a spiritual sense to my character, umm, when there a soul, there's a drive to live...it was like this flame was there. The flame was me as a person. It was not just a criminal drug user who's lost and lonely and somebody without a connection to life, universe and everything else...I look at it as a lost sense of self...a lost sense of my own spirit, who I was, and in the main, I think I found it again, I didn't have to die...So I think there was always something within me – which had got lost – but the fact that I've always known, very strongly, that there was something in there, I think that was for me something to come back to." (19:4-5, 22)*

As the 'true' core of the person, the self is clearer on what is 'right' for that person, and therefore it is desirable to be as aware as possible of the self. As such, it is integral to the process of individuation (11.3.2 above). It is also implicit that the self is wiser than the conscious person is able to be in terms of somehow possessing more insight, perspective,

and even knowledge. These elements taken together mean the self is clearer on what is the most appropriate choice in terms of moving in the direction of growth and individuation amongst any range of options. This again supports the need to be as in touch with the self as possible, i.e. to be in harmony with its wishes, considered to be the 'right' and appropriate ones. Additionally, the self is also seen as the driver for both survival and all growth and development "...when there's a soul, there's a drive to live." (19:4). For all the above reasons, there is considerable emphasis on developing contact with the self in order to support growth.

*"...for me the contact of talking therapies, groups, etc is fine...other things like spiritual healing or Tai Chi, meditation, to me are all ways of finding a greater contact with my self I think." (19:7)*

## **11.6 Summary and conclusion**

Even within such a small sample as this there was consistency amongst a number of themes. All had experienced PTG in relation to their experience of addiction, and in broadly the same areas as reported in the GT study, though with more of an emphasis on attitudes and approaches to life than some of the more concrete outcomes (such as a relaxing and comfortable life).

Both the post-addiction process of recovery and PTG, and the overall life endeavour was seen as one of individuation, i.e. the active, unique and personal task of creating and sustaining a life congruent with the core of the person, the 'self'. The sample all made a clear differentiation between acculturation and individuation, emphasising the latter as the process they were committed to, one that was generally rare.

It was only in the broadest terms that there were common stages in PTG post-addiction, the main ones being those immediately after the addiction when effort is made to understand the experience, get back on one's feet and adjust to a new life; and a much later stage where after several years addiction is no longer a defining element of the person.

More in common were some of the approaches or attitudes that were used and are continuing to be used to support growth and development in this process of individuation. Individuation required active effort to be maintained, and awareness is key to the successful dealing with of life experience that underlies growth, and the ability to make the appropriate choices that support the unfolding of the life path in a way that is right for that particular person.

## **12    Chapter 12 - Analysis and development of theory from the IPA data**

### **PTG and recovery from addictions**

Although this was a small sample, the validity and generalisability of the emergent findings is enhanced by virtue of the ‘expertise’ of the respondents, who not only have themselves experienced PTG relating to addiction and recovery, but were also able to draw on a very large body of the experience of others, as well as their own considered and developed views on addiction, recovery, purpose, spirituality and other areas related to this study. As such the findings of chapter 11 can legitimately be used to develop a generalisable process theory that is open to further testing. This theory complements and extends the theory which emerged from the GT study (chapter 8). The extended and merged theory is presented in chapter 14.

#### **12.1    Overall theory – Making your own way**

The two higher order themes (emerging from grouping of subordinate themes) in the IPA data were *individuation* and *deliberateness*. Individuation can be seen as a particular process of growth and development that is unique and in some way ‘true’ to each person. Deliberateness refers to active and conscious effort towards some end. The two come together in the active and conscious effort that is necessary to support individuation, the person literally ‘making’ their own way through life.

### 12.1.1 Growth, development and individuation

There are a range of pathways for growth and development, and ultimately each person's journey through life is a product of the unique interaction between that person and their environment. The IPA data suggests that broadly speaking, there are two poles on the range of possibilities, acculturation and individuation.

Acculturation is socially/culturally focussed, where the goal is to be 'normal' as defined by what probably the majority of the host culture considers appropriate and desirable for that person at that stage in life. 'Normal' is not necessarily the same as 'average', as acculturation is aspirational in that the goals involved are culturally positive. For example, in England in the early 21<sup>st</sup> century it might be expected that an educated white man in his forties would exhibit mostly pro-social behaviour, have developed a career, be a house-owner, be in a long-term committed heterosexual relationship, have children in that relationship, and have a range of types of friends. This 'stereotype' may not be what most such people attain, or indeed what they would explicitly aspire to, but in terms of acculturation, such a pathway would be uncontroversial and largely supported by society.

Individuation, on the other hand, is almost a different path by definition, as it is individual and unique to that person. In some way the person is attempting to follow or map out the mysterious path of their potential. This potential may be partly pre-determined in that we are all unique – at least partly from birth – and all have at some level an awareness as to what is 'right' for us (and perhaps not necessarily for others), and with this a responsibility and drive to express our 'selves', this part of our

personality that is truly us, separate from environmental accretions and interactional residues and tools.

Honouring this path means some people do not do what might be expected of them, and may decide to pursue a different way. They may reject education, career, heterosexuality or much else that was and is explicitly or implicitly expected of them. They may behave in ways generally disapproved of by society; for example, taking illegal drugs, driving dangerously, or not fulfilling their earning potential. They may not apparently behave any differently than everyone else, but just have differing motivations. Some of this may be for pathological reasons. Some may appear pathological, or at least anti-social, but closer examination or the passage of time may bring a different conclusion. And finally, some behaviours may well be pathologically driven and be damaging to the person and their environment, but nevertheless in retrospect have served towards a greater goal in terms of advancing development and growth in ways that may otherwise have seemed unlikely.

The IPA data suggests that the latter is true for at least some people, specifically in regard to dependency on drugs and alcohol. In this sense addiction can be conceptualised as a self-inflicted trauma that has a similar potential to promote PTG as other traumas do. Trauma forces examination and often reconstruction of schema, and at the heart of any such schema is the person themselves and their purpose and meaning: who are we and what are we doing? This question does not have a single discrete answer, like an event, but rather is a process that unfolds over time as we test the answer against life as we live it. Individuation is the process of answering this question in a lived way that is meaningful to us, and does not have to have the same meaning to anyone else.

From this point of view the trauma of addiction might have been 'necessary', in that it forced the level of schema reconstruction that allowed the individuation process to become active and conscious. Hypothetically this may have happened by other means – not least as it is hard to imagine getting through life without some kind of trauma – and as such it is unclear as to exactly why this experience was so necessary at that time, though those interviewed believed it was so for them at least.

#### 12.1.2 Deliberateness

Whilst there may be a part of us (the 'self') that implicitly strives for individuation, this process is likely to be more effective when explicit. Indeed, the trauma of addiction may arguably not have been 'necessary' if those interviewed had already possessed the attitudes and approaches that they have gained since.

The overall approach supporting individuation is a deliberate one, in that it involves active and conscious effort. Individuation will not happen by itself, indeed little growth and development will. It is the conscious processing of experience, associated adjustment of schemas, related development of approaches to life and hence of personality, and the subsequent choices that are based on this that make up the path of individuation.

Absolutely central to this is awareness: of self, environment and the interaction between the two. It is on the basis of this awareness that there is learning and hence personality development, and that choices can be made that support further individuation. Awareness is a



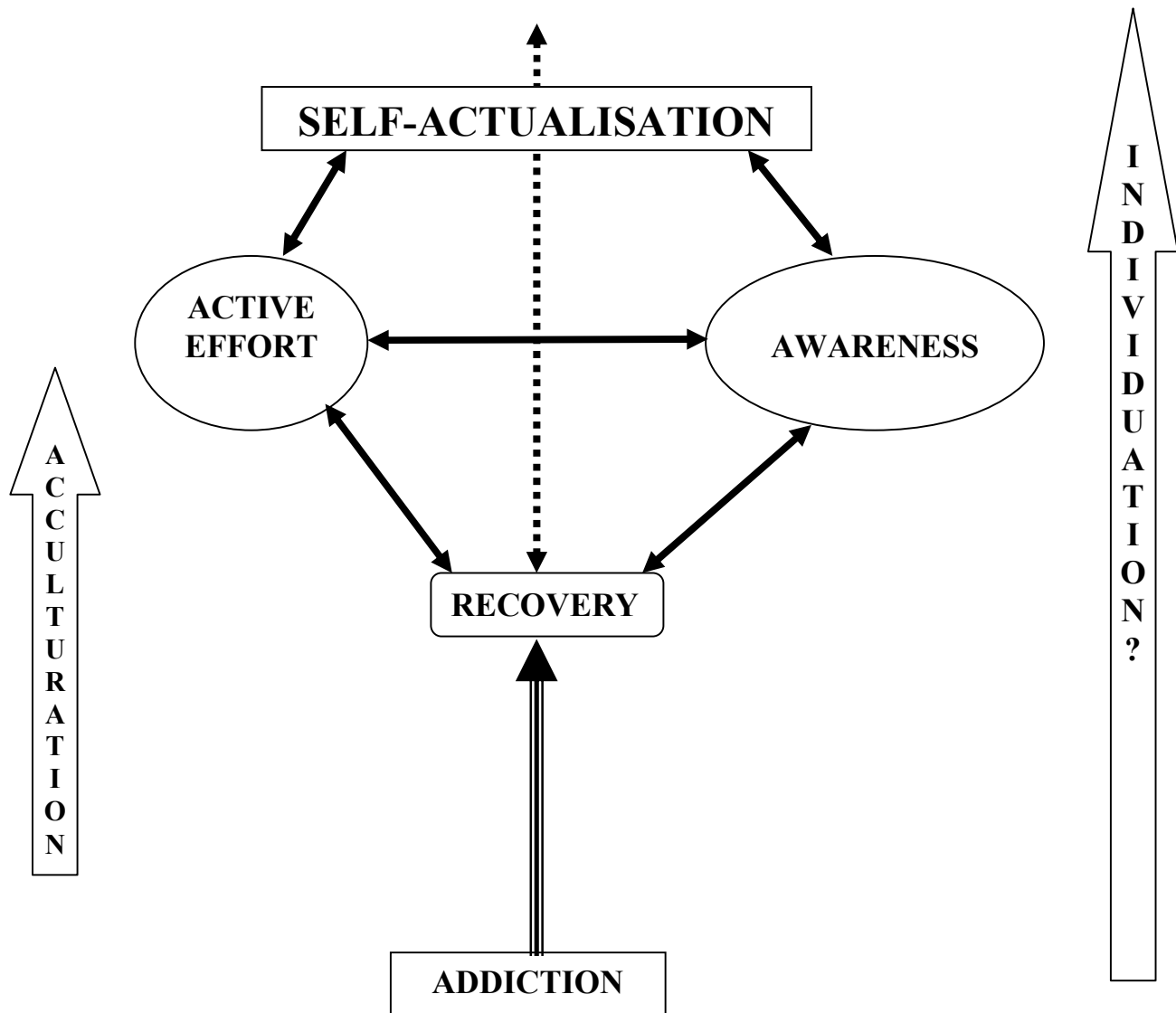
‘practice’ that can be developed, and there are many frameworks and approaches that support not just the development of awareness, but also the processing of experience, learning and the making of ‘right’ choices. The 12-steps, psychotherapy, religion and spirituality all have much potential in this respect.

Individuation is also an active process. The person is responsible for their experience, at least in so far as how they process that experience. As such they are essentially responsible for their learning and development as people, for their individuation. They actively exercise choice in order to support the process of development, often explicitly towards that goal.

## **12.2 Summary**

At the heart of these findings is the uniquely personal developmental process of individuation, considered to be clarified and promoted by the experience of addiction and recovery, and that may even have led to the addiction in the first place. Accordingly, in the diagram following, individuation (in terms of self-actualisation) is a process that grows from recovery, but is also possibly a wider process that spans the whole life, including the experience of addiction. Active and conscious effort towards the goal of self-actualisation is integral to the individuation process.

**Figure 11 – A model for PTG in recovery from addiction from the IPA findings**



## **13      Chapter 13 - Discussion of IPA Findings**

### **13.1      Overview**

This chapter discusses the findings of the IPA study (Chapters 11 and 12). Inevitably, there is some overlap between the findings of this study and the preceding GT study. Where necessary, repetition is avoided by referring to the appropriate section of the GT discussion chapter (Chapter 9). Where the IPA findings refine or extend the existing GT findings in some way, this is discussed in this chapter, as is relevant literature that has not already been referred to in the GT discussion chapter.

The chapter begins with a consideration of the aims of the IPA study (see 10.1 and 11.1) and the extent to which these aims are met. The rest of the chapter continues the discussion of the findings, with reference to both the literature and the GT findings and discussion, and broadly follows the structure of the IPA findings chapter (11). The implications of the IPA study are discussed in chapter 15 together with those of the GT study.

### **13.2      The study aim and research questions**

The IPA study was designed to build on the GT study, specifically to gain the views of ‘experts’ on the original GT research question, and attempt to fill in some of the ‘gaps’ in the original study. To recap, the original research question was, “What is involved in the process of Posttraumatic Growth from the experience of addiction?” and had a number of parts:

- In what way and how do some people appear to ‘benefit’ from their experience of addiction?
- What are the processes, mechanisms and strategies involved?
- What are the implications of these findings?

The aim was that this study would produce complementary data that would broaden and deepen that from the GT study. There was specific focus in the interview schedule on attempting to further explore the second part of the question above, to understand more clearly the dynamics of the processes involved, as well as further exploration of any stages in the PTG process. As such, most of this chapter is devoted to discussing the findings regarding processes. Where there was data on outcomes this was similar to that from the GT study (9.3 ff.) and is not repeated.

There was particular value in gaining the views of ‘experts’, not just because they were perhaps better able to articulate their own experience, but as their views were also based on their considerable knowledge. For two this was at least partially derived from professional experience of working with hundreds if not thousands of people with substance misuse problems, as well as attending countless 12-step groups. All three were extremely well and widely read in addiction and many other areas related to the overall enquiry. This expertise adds strength to the validity of the findings of this exploratory study, with the proviso that the three involved may have biases that do not reflect the views of all experts in addiction and recovery.

Of note was how much ‘stronger’ the discourse was when interviewees were talking about addiction rather than growth, i.e. they were much more able to articulate their experience and ideas than when they were

discussing growth and development. This may have been as they had all had considerable practice telling their personal stories of addiction in 12-step fellowships and other settings.

The data from this study complemented that from the previous one, in the process helping to validate that model - with the addition of some new elements, particularly a 'new' theoretical construct – i.e. *individuation* - that can describe the overall PTG process and add more detail to the understanding of the dynamics involved. However the IPA study did not significantly increase clarification of any stages involved in the PTG process, though it did throw some light on some 'new' aspects involved in entering and exiting addiction (i.e. identity and disillusionment).

### **13.3 Stages on the journey**

Whilst the IPA study added little to theory on any particular stages involved, it did offer a development to theory regarding a staged model, specifically that this is not as linear and steady a process as the stages derived from the GT findings (7.4.2) may suggest, “...*there was an idea you just grow and grow and grow...my life's not really been like that.*” (33:27). PTG theory would suggest growth in jumps rather than a steady development (Zoellner & Maercker 2006 p.336) and this did appear to reflect the experience and views of this sample.

In broad terms what stages in PTG post-addiction were identified in this study did correspond to some in the GT study (7.4.2 and 9.4.2.3), i.e. a stage immediately after the addiction when effort is made to understand the experience and adjust to a new life; and a much later stage several

years later where addiction is no longer a defining element of the person.

Clearer in the IPA study was the aspect of *disillusionment* as a motivator for leaving addiction behind, specifically in terms of identity (see following). The counter-cultural identity did not deliver as expected, and drugs and drug culture had become a very unpleasant, pointless and meaningless negative experience. As Granfield & Cloud succinctly expressed it (1999 p.53), until problems come to be seen as intolerable, they are just "...collateral damage in the pursuit of pleasure." This realisation that addiction actually prevents the person from making their own path through life is a significant motivator forcing reflection on what may be 'better' ways.

#### **13.4 Identity**

Emphasised in the IPA study was the issue of identity, specifically referring to a broad narrative that attracted the sample into drug culture in the first place, i.e. the drug user as adventurer, explorer, rebel, artist and outlaw. For two of the sample this was an "aesthetic" that had considerable appeal both intellectually and emotionally. For the other there was also an element of attraction to the criminal world. For all, there was support and affirmation for their position as 'outsiders'.

It is possible that these narratives are all versions of a 'hero' story that may be particularly attractive to western men. As such it would be interesting in future studies examining addiction entry processes to explore cultural, gender and other differences in such narratives. Additionally, increased understanding of the nature and power of specific narratives that support entry to addiction may help show how to

promote exit within the context of that particular narrative, e.g. a 'hero's journey'.

There is a view (e.g. Granfield & Cloud 1999 pp.39-41, Hewitt 2000 pp.16-18) that addiction in itself can be a product of attempts to artificially produce meaning and personal significance when other ways of doing this appear less achievable. This is often at the social/psychological level of having identity, purpose and status amongst other substance misusers (see Biernacki 1986 p.24, Hewitt 2000 pp.19 & 23) when this is lacking in regard to wider society. However, personal significance may have been less of an issue in the IPA study (e.g. none of the sample were particularly disadvantaged economically or educationally), rather it was the lack of appeal or apparent relevance of the narratives available and approved by wider society.

The addiction literature (e.g. Biernacki 1986, Cloud & Granfield, 2001 pp.198-9) also recognises the importance of the resolution of identity issues when exiting addiction. The theory is that addictive behaviour has become central to the person's sense of identity personally and socially, and identity transformation is a necessary part of recovery, whether this is a return to an adaptation of a previous identity, or the establishment of a largely new one. Biernacki has called this process "a fundamental reorientation of the person's frame of reference and perspective" (1986 p.62).

Larkin and Griffiths (2002) also see issues of self and identity (and therefore of meaning) as central to both addiction problems and addiction recovery, and in this context it is interesting that none of this sample defined themselves as an addict, ex- or otherwise, as they were

'beyond' recovery as such. This non-identification as an addict is in common with the research on those who have not used treatment routes (Cloud & Granfield 1994 p.165), although all those interviewed had.

McIntosh & McKeganey (2000) discuss the interlinked issues of identity and narrative at some length, seeing the recovery process in a narrative context. Neimeyer (2004) also sees identity development as essentially a narrative process, and central to posttraumatic growth. Hanninen & Koski-Jannes (2002) argue that a narrative process (in terms of the person making meaning of their experience) can be central to a process of recovery when the existing identity and values become untenable (as described by this sample – 11.2.2). This is essentially a process of developing a number of narratives; a newer narrative where the previous lifestyle and identity are seen as negative, a narrative of a more positive identity that is also true to the person themselves, and a narrative to describe this transition. This range of narratives was apparent in the participants' stories in both the IPA and the GT studies.

### **13.5 Growth and development**

An unanswered question from the GT study that this study set out to explore was the extent (in the view of 'experts') to which the described growth differed from any 'normal' maturation that may have taken place, either in general, or for these people in particular. "...there is a clear possibility that heroin use delays maturity, particularly if one sees maturity as emerging through learning to cope with life's demands. Heroin use makes simple but extreme demands, and blocks off attending to other demands"(Mullen & Hammersley 2006 p.89). If addiction often undermines development, had people just got back to the point they may have been at had they not had these problems?



Was this 'immaturity' making the maturation in and after recovery all the more noticeable (see Reith 1999 p.111-2). Was the post-addiction growth significant by 'normal' standards?

The answer to this question hinges on definitions of maturity, and how development is measured. Whilst the development of children and adolescents is intensively studied, this is less true of adults, and may be much more culturally bound. For example, adults of even thirty years ago in the West would have been expected to be working, married and have children by their mid-twenties, and this is still true for much of the developing world. However, the lack of a life-partner or children is not necessarily seen as a problem in the West in the 21<sup>st</sup> century, at least for people in their 20s. Intoxication with alcohol would be a cause for concern in family and community in many Muslim countries, though is less so in the West. As such there are few agreed definitions of expected levels of maturity in adults.

In this study there was a unanimous view amongst the three 'experts' that there were two different kinds of maturity, here signified by the in-vivo codes of *acculturation* and *individuation*, the former common and to some extent inevitable, the latter rare. These two pathways to differing but overlapping outcomes can be broadly defined as social adaptation and 'making one's own way' respectively. The latter is discussed in some depth below as it was a central concern of this sample.

Acculturation as used here can be defined as generally fitting in with one's peers, for better or worse. This can be in the wider sense of being broadly pro-social, and as such it is comparatively easy to establish that most people mature (in the acculturation sense) in the end, for example the established decline in offending and other anti-social behaviour

associated with the maturing process (e.g. Budd & Sharp 2005 pp.1-2). On the other hand, there are socially approved behaviours and attitudes – particularly in smaller social groups - that some outside those groups may not see as particularly desirable, for example young adults getting drunk at weekends. Too much dissonance between the individual and their environment and they will feel like an *outsider* (Becker 1963), as was the case with the study participants, who were at odds with wider society albeit relatively at home in their smaller selective social groups. Outsiders are not immature per se however, as though they may differ from peers they can still find their own particular way through developmental milestones and to a ‘place’ in society.

### **13.6 Individuation**

*Individuation* as a theme in this study is not solely restricted in its meaning to the technical psychological term coined by Carl Jung and with a considerable literature since, but is an in-vivo code for a broader process that can also be thought of as ‘making your own way’. There are, however, a number of elements of specifically Jungian and post-Jungian thinking in this concept, a number of which are discussed in this chapter. It is difficult to establish much with certainty relating to individuation, as it does not easily lend itself to empirical study. As such the discussion on individuation in general and some of the related elements in the findings is with reference to an established literature (mostly from a number of schools of psychology and psychotherapy) but is not with reference to empirical studies, and therefore is by necessity more theoretically than empirically based.

Much of the meaning of the term ‘individuation’ as reflected in the views of those interviewed corresponds to its use by Jung, e.g. “Individuation

means becoming a single, homogenous being, and, in so far as 'individuality' embraces our innermost, last and incomparable uniqueness, it also implies becoming one's own self. We could therefore translate individuation as 'coming to selfhood' or 'self-realisation'" (Jung, quoting himself, 1983 p.414).

Jung's main context for this term was the integration of the conscious and the various elements of the unconscious. More specific to the findings of this study would be the integration of the conscious and the 'self', with individuation seen as largely synonymous with the concept of *self-actualisation*, here defined as the person aligning themselves over time with the inner (usually unconscious) 'self', as well as fulfilling potential. There are two key elements to this concept that need some exploration and discussion, one is that of the individual and personal 'self' – discussed further below – the other is that of actualisation or individuation, discussed following.

#### 13.6.1 The drive for actualisation

It is central to most humanistic models of psychology (including the existential and transpersonal ones), and proposed in some of the PTG literature (e.g. Joseph 2004, Miller & C'de Baca 2001 pp.166-8), that everyone possesses a self-actualising tendency or drive, i.e. is naturally motivated to develop and fulfil their potential unless blocked or thwarted in some way (e.g. Maslow 1970, 1971) There is debate as to the extent to which this happens, not least as it is not an end-state, and cannot be rigorously defined or easily assessed, and it is recognised that more research is needed to establish (if possible) the existence and nature of such a drive (Joseph 2004 p.113).

This view implies that how development gets blocked as much as it does, is as much of an issue as how growth can be promoted or manufactured. Rogerians may not see actualisation as such a rare phenomenon as some, but also recognise how easily this theoretically universal process can be compromised "...human beings have an inherent tendency towards growth, development and optimal functioning. But these do not happen automatically...Without the right social environment the inherent tendency towards growth can become thwarted and usurped, leading instead to psychological distress and dysfunction." (Joseph & Worsley 2005 p.i)

There are some variations on how this self-actualisation is conceptualised, the details of which are beyond the scope of this study, though the main area of difference is in what is considered as being actualised. This ranges from potential on the more prosaic level of expressing one's capabilities, to Jungian type processes of psychological integration (13.6 above) and spiritual development (Maslow 1970, 1971).

#### 13.6.2 Making your own way

The individuation theme that emerged from this study also functioned on a more down-to-earth level than is often seen in the psychology literature, its meaning including an emphasis on the person very much making their own way through life. This individuality could be seen as almost a character trait for the study participants, in that they always felt different from most other people and had always been determined to go the way they felt was right, and this was as true today as it was in their formative years.

There was considerable difference between 'then' and 'now' in the degree to which the study participants were themselves pro- or anti-social. The original development of individuality associated with the transition into adulthood involved identification with and investment in some kind of counter-cultural 'narrative' (discussed above 13.4). This was without regard and often in opposition to the views of others or wider society; and gave structure, meaning and perhaps motivation for their excessive use of drugs and alcohol. In contrast they were considerably more accepting now of the views of others and wider society, and probably less at odds with those, though still keen to go their own way and comfortable with being different. They appeared to have found a happy and effective balance between respecting their individual needs and the needs of the wider social arena, and as such were at least partially acculturated.

Few schools of psychology or psychotherapy will discount the importance and value of healthy social behaviour, and self-actualisation is not meant to be at other people's expense, though this sample all freely acknowledged that this had been the case, sometimes problematically so. This potential tension between self and society is picked up in the literature, e.g. Hillman and Ventura (1992 - James Hillman being probably the most prolific and respected writer on individuation since Jung) bemoaning the unhealthy and infantile nature of the more extreme 'self'-obsession and the lack of genuine community awareness and commitment associated with some manifestations of the contemporary interest in 'personal growth'.

### 13.6.3 Individuation – a long and winding road

Self-actualisation is a process, a journey to discover and make real or express the inner self. In one form or another this was what this sample thought they were doing when they immersed themselves so thoroughly in the drug culture, though one was as attracted to the 'ideals' of the criminal underworld as much as any bohemian ideal. These motivations fuelled the years of addiction, but perhaps surprisingly, this 'dark night of the soul' of addiction was not seen by study participants as a mistake, a diversion off the path, but as part of the journey, albeit a dead end. Whilst this was likely to be a positive way of framing the experience, supporting meaning-making and benefit-finding, it is impossible to say how much such thinking may also be avoidance or denial (see 3.8.3), though the findings suggest otherwise.

The view of self-actualisation as perhaps involving some strange paths is not unusual in the existential and transpersonal psychologies, indeed it is often explicit that the self is personified as a powerful force (see following sections and 13.9) that can take the person by some strange and difficult roads, (Hillman 1997).

An interesting idea in this respect is that in the contemporary West we now lack formal initiatory processes to mark transition points between an old self and a new one, and the crises related to addictions and heavy intoxication are clumsy attempts (usually by young adults) to replace this (Hewitt 2000 pp.20-21, Moore 2004 pp.25-30, Strauss and Corbin 1998 p.152). Robert Bly (1990 p.70) talks at some length about *katabasis*, an ancient Greek concept of the point of crisis or rite of passage, and says, "These days, katabasis comes about through addiction – alcohol, cocaine, crack."

#### 13.6.4 The dark night of the soul

The phrase “dark night of the soul” comes from the Spanish mystic and poet John of the Cross (1541-1597), and is popular with Jungians, post-Jungians and some Christians. For many addiction is very much a “dark night of the soul”, where the person is lost, alone and struggling, seemingly without end. Grof (1993 p.4) talks about the profound transformation she experienced in overcoming her addiction to alcohol, which she describes as a misguided search for spiritual experience, “...In this process, I felt that everything I had been or had been connected to had ended, that I had died”. “The depths of spiritual bankruptcy contain within them the potential for tremendous transformation. Immediately on the other side of this hell rests the promise of a new life. The dark night of addiction is often a necessary prelude to the dawn of healing. The experience of inner dying...are essential steps toward the promise of rebirth...” (ibid p.114).

The view of the sample that much of their experience had been necessary derives from an awareness of the benefits of what was learnt during this process and the recovery from it, that perhaps it took such a drastic lesson for them to learn what was important in life. “...many people spend their time avoiding life...so their vitality gets channelled into ambitions, addictions and preoccupations that don’t give them anything worth having. A dark night may appear, paradoxically, as a way to return to living. It pares life down to its essentials and helps you get a new start” (Moore 2004 pp.xiv-xv).

### **13.7 Is trauma necessary or desirable?**

There are undoubtedly people whose lives post-trauma are such that they are grateful for the experience (see Hewitt 2000, Tedeschi et al 1998b p.2). As Granfield & Cloud (2001 pp.219-220) point out in their self-help guide to overcoming addictions, "...you have been forced to self-reflect and to make changes...no personal growth can occur without some degree of change. So in a way, your crisis is actually an opportunity that others never have". They then go on to quote the Dalai Lama, "...Unfortunate events, though potentially a source of anger and despair, have an equal potential to be a source of spiritual growth."

This view of the gains to be had from suffering is present in much of the transpersonal field of psychology and psychotherapy, e.g. "Psychosynthesis [an existential/transpersonal psychotherapy] values times of darkness as much as periods of joy and enlightenment" (Ferrucci 1982 p.25). The view of the necessity of such traumatic experiences is understandably controversial, but also not unusual in the literature, "The dark night of the soul, the journey to a dark, painful world of struggle, is necessary for a certain level of development. It is only by going through this test that a person can be reborn. Struggle, according to the myth, is necessary to growth and the development of a certain level of self-awareness and wisdom" (Jaffe 1985 p.102, also see Campbell 1949 p.104).

However, it is not just some psychologists, but those who have gone through such experiences themselves who believe they are crucially important, for example, the poet John Keats (quoted in Moore 2004 p.29), "Do you not see how necessary a world of pains and troubles is to school an intelligence and make it a soul?...Call the world if you please



the ‘Vale of Soul-Making’”. A number of these survivors of trauma are clear as to the necessity of their experience, “...addiction itself has a *purpose*: to be a catalyst that spawns a richly creative, if dangerous, life. Out of the ashes of self-destruction can arise the phoenix of a being, comfortable in his own skin, unafraid to be fully human. One could say that addiction provides a rich opportunity to search for the meaning of life...a dangerous (but necessary) journey....an opportunity” (Pryor 2004 p.10-11).

Such views reflected those of many of the participants of a preceding study, (Hewitt 2000 pp.29-35), as well as participants in both the GT and IPA studies. A pertinent area where this view has had some recognition is in the 12-step literature, e.g. the AA concept of *gratitude* (Whitfield 1984a p.45), relating to recovering ‘alcoholics’ view of their addiction as a gift that brought them to a better state than before. An example is Christina Grof (1993 p.4), an internationally known transpersonal psychologist who used the 12 steps in her recovery from alcohol dependency, “...the dark years of my alcoholism had actually been an important stage in my spiritual journey. I had been given lessons and opportunities and gifts that could have come to me only through that experience”

Whether trauma is desirable or necessary is probably a question of perspective, specifically our belief as to how likely and to what degree there would be growth without trauma, and at present we are some way from answering that question. However, as trauma is so widespread and essentially inevitable – it is difficult to imagine getting through life without experiencing some – anything we can understand about how to make the best of such experiences is a good thing.

### **13.8 Approaches supporting growth and development**

As in the GT study there was a range of resources utilised by those interviewed that could be conceptualised as recovery or growth capital. These were both 'internal' strategies, e.g. developing awareness, and external resources such as psychotherapy and self-help groups. The discourse in the IPA study regarding recovery capital was mostly about external resources during recovery, but in marked comparison to the GT study was almost entirely about internal resources in regard to subsequent growth. This may be appropriate within the context of this study's emphasis on individuation, though may have been a product of this particular sample.

Most development was seen as coming from processing life experience in an aware way, as reflected in the literature (see 3.11.3). There were a number of attitudes and approaches that supported this, e.g. reflecting on experience and goal-directed problem-management, as well as more specific approaches aimed at resolving issues and promoting development such as psychotherapy and other practices.

A consistent view in both the findings and the literature (see 3.11.1) is that the crisis experience obliges the person to rebuild their lives. Often as part of this process the person endeavours to ensure a stronger 'foundation' than before for this new life by actively seeking to become aware of, understand and resolve issues that have previously undermined them, as well as establishing such a proactive approach as central to their ongoing development and growth. This may be through using 12 step programmes and fellowships, through counselling and psychotherapy, or through other reflective and awareness-raising practices such as meditation.

#### 13.8.1 Deliberateness - active and conscious effort

All those interviewed felt active and conscious effort was needed to support individuation. Folkman (1997 pp.1213-4) identified goal-directed problem-focussed coping (addressing issues and problems) as one of the four main coping processes associated with positive psychological states in her sample providing care to partners with AIDS. Those interviewed varied in the extent to which specific and explicit procedures were used to do this, though nearly all identified this as an attitude they encouraged in themselves. This attitude is similar to Velleman & Orford's *planning* (1999 p.243), where their children of people with alcohol problems explicitly and consciously decided that they wanted their lives to be different. Active coping efforts aimed at improving circumstances are likely by definition to promote growth and development (Thornton & Perez 2006 p.286), and Stanton et al's review of cancer studies (2006 pp.166-7) emphasised intentional engagement with the stressor as a prerequisite for PTG. As an ongoing process this is similar to the conscious commitment to the process of self-actualisation discussed by Miller & C'de Baca (2001 pp.139-140).

#### 13.8.2 Awareness and choices

There are a number of interdependent and overlapping approaches that are central to growth and development based around awareness; e.g. reflection and appraisal based on that awareness; and making choices in light of this appraisal, all motivated by or in relation to values. This is consistent with the PTG literature and reflects the findings of the GT study, where these elements are discussed in more depth (see 7.6.1 ff and 9.4.4.3 ff).

For example, necessary to supporting action of any kind is an accurate appraisal of the situation that needs changing. Hall's (2003 pp.655-6) sample of women survivors of child abuse with substance misuse problems talk of *self-centring*, a process made up of a number of elements including tuning into and trusting instincts and perceptions, and then using this to inform focusing on the person's own life and interests. There are a number of approaches reported in this study that amongst other benefits support development of self-awareness, e.g. meditation (see 9.4.4.4.2).

Survivors of trauma realise they may not have control over some major life outcomes and events, but they do have control over how they experience their lives (Janoff-Bulman 2006 p.90). Zoellner & Maercker (2006 p.337) emphasise (with Frankl) that people have choice as to the meaning they find, both in any given situation and in life in general. The previous discussions on choice (9.3.3.2) and positivity (9.3.3.3 ff) are relevant to this.

### **13.9 The self**

Key to much of the above is the '*self*', as this is considered to be the core of the person and at the centre of awareness, and any set of values by which experience is appraised and choices are made needs to be congruent with those of the self. Joseph's (2004 p.108) discussion on the development of self-structures that possess increasing congruence between self and experience, and their centrality in moving towards the fully-functioning state necessary for further growth – essentially a process of self-actualisation - hinges on the self-awareness that is integral to supporting this. This process of striving for congruence perhaps begins in the cognitive dissonance that often triggers change in

the first place, and continues through the process of schema reconstruction.

The self as a superordinate theme derived from the study data has a number of components. It is considered to be in some way the 'true' person, how they might be if their development had been optimal. It is much wiser and can see more clearly than the conscious person. As it is both wise and knows what is 'true' and congruent for the person, it is best placed to advise on choices and life-direction. It also drives this process of self-actualisation, pushing the person forward with 'messages' (insights, realisations, epiphanies) and by placing them in situations where willingly or otherwise they learn what they need to learn. These views are reflected in some of the psychology and psychotherapy literature (e.g. Hillman 1997, Jung 1968, Moore 2004), though is largely theoretical as none of this easily lends itself to empirical study.

Jung was arguably the progenitor of this particular concept of the self, which he saw as the true whole person, i.e. with all the elements of the conscious and unconscious integrated, for example both the 'lower' and the 'higher' elements of the unconscious and the feminine side of men and the masculine side of women (Jung 1968 p.187). Individuation was about integrating all these parts of the person. "I have called this wholeness that transcends consciousness the 'self'." The goal of the individuation process is the synthesis of the self" (Jung 1968 p.164). "The self is our life's goal, for it is the completest expression of that fateful combination we call individuality" (Jung (quoting himself) 1983 p.417).

### 13.10 Structure and support for PTG

The PTG identified in the IPA study (and the GT study) has a number of elements including the development of awareness, values and meaning-making. Taken together these can be conceptualised in a number of ways, but one at least is that of spirituality (though not necessarily in the religious sense). As Carl Jung pointed out (Grof 1987b p.21) in his 1961 letter to Bill W - the co-founder of Alcoholics Anonymous - in Latin the word *spiritus* means the highest (spiritual) experience as well as the potentially highly damaging alcohol.

For some there was an element of spiritual searching in their use of drugs, and this is noted in the literature. Jung (and others, e.g. Chopra 1997 p.4, Grof 1993) believed that often what people sought in alcohol (and presumably drugs also) was satisfaction of their spiritual yearnings, so alcoholism could be seen as misguided spiritual searching. For Jung (and Miller 2003a), the maxim was *spiritus contra spiritum*, i.e. that a conscious 'spiritual' path was the best preventative and the best cure for addiction. For Jung and others – including at least two of this sample – the two kinds of spirit are mutually exclusive, and in the end all realised that substance misuse "...stands in the way of the spiritual experience" (Denzin 1987a p.69).

#### 13.10.1 The 12 steps

As in these findings (also see 9.5.2 ff), the 12 steps can be seen as a structured and spiritual approach, at least in the sense discussed above. As well as being a structured programme of growth, the associated 12 step fellowships are a rich source of narrative and support and social

capital. The social capital aspect (particularly social support) was evident in this study and is discussed in 9.5.2.

Extending that discussion is the particular value of the 12-step fellowships for providing understanding and support that may otherwise be hard to come by. Neimeyer discusses (2006 pp.70-71) how this validation of experience and provision of support is invaluable in promoting recovery and growth, and reviews research that suggests that such understanding and support is usually less forthcoming when the trauma is less socially acceptable (“dissociated narratives” *ibid* pp.73-4), as is the case with addiction, particularly addiction to illegal drugs. In this regard, the 12-step fellowships are even more valuable, providing validation, support and a depth of narrative that may be hard to come by elsewhere.

Stanton et al’s (2006 pp.160-1) review of the cancer literature supports this (as do Park & Ai 2005 p.9), and draws attention to the benefits of discussing the issue (cancer) with others, and of having positive role models, the former reflected in the resilience literature also (e.g. Lepore & Revenson 2006 p.33). Again, such positive role models may be hard to come by otherwise. Role models are noted by Bandura (1994 p.71) as an effective influence for increasing self-efficacy (see 9.3.3.4) in others, “...competent models transmit knowledge and teach observers effective skills and strategies for managing environmental demands”. Bandura notes (*ibid*) that the impact of modeling on perceived self-efficacy is strongly influenced by perceived similarity to the models, as is explicitly the case in 12-step fellowships. These aspects of the social domain are particularly interesting in relation to PTG in addictions because of the significant role that support groups such as AA and NA play in these findings.

As a source of narrative and meaning (Denzin 1987a, 1987b, also see 9.5.2), the 12 step fellowships and literature do much to support and develop meaning-making, both in terms of making sense of the past and in terms of ongoing meaning. “One important benefit of social support is the opportunity to discuss and process the stressful situation in a supportive and encouraging environment, which facilitates the making of meaning” (Park & Ai 2005 p.9).

### **13.11 Summary and conclusion**

This study supported the findings of the previous GT study regarding the experiences of those reporting PTG post-addiction, and also extended the emergent theory in some areas - particularly the second part of the research question - in suggesting a possible overview of the life-processes described, that of individuation.

In common with the GT sample, this sample stopped their drug use because it no longer served them, rather the opposite. They had all made effective use of available resources similar to the recovery capital discussed elsewhere (2.9.2, 9.3.1 ff), particularly social support and meaning-making narratives from 12-step programmes and fellowships. They had also developed further capital, both in terms of establishing themselves in society as successful ‘insiders’ (albeit slightly eccentric ones), and in terms of the ongoing deliberate use of a range of interlinked and effective attitudes and approaches that supported maintenance and development of growth. These were actively and consciously encouraged, and included developing awareness and taking responsibility for choices. All of this is consistent with the existing PTG literature as well as some of the addictions literature.



For all there had been a lifetime of making their own way, whatever the consequences. This had been at considerable cost to themselves and those around them when they were addicted, though now there was more balance between their individual needs and those of their environment. They were clear that everyone should find a path that was right for them as an individual rather than just conform to expectations, and they accepted that this was a more challenging way to live and therefore only a minority of people were able or likely to pursue such a path. While this is all reflected in some of the psychology literature, such theorising as to human development and PTG does not have a solid evidence base.

## **14 Chapter 14 – An overall theory for posttraumatic growth in recovery from addictions**

### **Active individuation**

#### **14.1 Introduction**

This chapter aims to synthesise the findings of both the GT and IPA studies into an overall theory that describes the experience and views of those interviewed, i.e. people who report thriving post addiction and recovery. The theory from each set of findings is revisited before a combined theory is outlined. This tentative theory in the area of people who report PTG post-addiction will need to be tested to see how generalisable it is.

#### **14.2 The GT study theory**

The key elements in the GT findings were of *growth* using *growth capital*, with this growth in turn generating further growth capital. This was one of the many positive feedback loops that were a feature of both studies, where positive choices and experience in an area increased the likelihood of further positive choices, experience, growth and development in a positive direction (see figure 6 in 8.4.1).

#### 14.2.1 Growth

Growth was defined as development across a range of domains with an emphasis on qualitative improvements in these areas, particularly in terms of attitudes, life-strategies and quality of relationships that maintained this forward development and ensured life was meaningful and satisfying.

Growth of this sort was not just a pull towards desired aims and goals, but was seen as being a basic human drive, albeit one that was easily hindered. The exact nature of this drive for growth was not explicitly defined, but the growth involved did possess momentum, though this required maintaining. Also explicit was that the path of this development was unique to that individual.

#### 14.2.2 Developmental outcomes

Those interviewed believed that the growth involved was greater emotionally, mentally and spiritually than would have been the case without the experience of addiction and recovery, and as such few had any regrets. They felt happy, positive, content, stable, and satisfied with their lives. There were a number of reported domains of development and thriving:

- material satisfaction (e.g. work, accommodation, lifestyle)
- knowledge (e.g. increased wisdom and perspective on self, others, and life in general)
- skills (e.g. effective emotional and psychological coping strategies)
- beliefs about self and the world (e.g. confidence, strength, ideals, meaning)

- improved relationships (e.g. psychologically healthier, less dysfunctional, mutually supportive, interdependent rather than co-dependent)

#### 14.2.3 Recovery, recovery capital and further growth

The decision to overcome the addiction was essentially a cognitive appraisal of the pros and cons of continuing or stopping. The resources of recovery capital were used to support action based on this decision. These were both resources internal to the person (e.g. attitudes, strategies) and resources available within the environment (e.g. social support, treatment).

Growth began with the process of recovery. Many of the recovery resources (e.g. self-awareness, empathic support) continued to be useful and effective beyond 'just' recovery, promoting further growth. Development and growth generated further capital, sometimes deliberately (e.g. choosing 'better' friends), sometimes as an unintentional by-product (e.g. 'healthier' people attract 'healthier' partners)

Development continued along a continuum from recovery towards 'normality' towards thriving, as did the maintenance and development of further capital. There was no clear dividing line between recovery and the thriving that followed it. The sample felt that they were still experiencing high levels of growth and development, and were still utilising and further developing internal and external resources – growth capital – that supported this thriving.

#### 14.2.4 Growth supporting capital

Both recovery and subsequent thriving were supported by similar resources. Overall, this utilisation of internal and external resources was an explicit and conscious process, particularly during earlier recovery when there was a fear of relapse as a powerful driver. As well as use of the resources mentioned above, a number of strategies and attitudes – often developed during recovery – were of considerable benefit:

- Cultivating awareness of self and situations
- Accepting responsibility for choices
- Clarifying and exercising choice in regards to actions and feelings
- Working towards goals, including a goal of personal development and growth
- Making and seeking meaning
- Involvement in supportive and positive social networks

### 14.3 The IPA study theory

The overall theme of the IPA findings was *making your own way*. This was made up of *individuation* and *deliberateness*. Individuation can be seen as an unfolding process of development unique to each person. Deliberateness is active and conscious effort towards individuation, hence the person literally ‘making’ their own way through life.

#### 14.3.1 Individuation

Individuation is a process unique to that individual, and to a certain extent has primacy over the contrasting *acculturation*, the more social process by which people adapt to socio-cultural norms. The scope for

the individuation process in the findings is two fold. On the one hand the process of individuation certainly runs from recovery onwards, and is largely a process of self-actualisation. Additionally, the process of individuation unfolds over the whole life, and hence the addiction can be seen as part of that process, a difficult and dangerous learning experience. What both scopes have in common is that they are concerned with meaning, i.e. what is a meaningful way to live my life?

#### 14.3.2 Self-actualisation

Individuation is closely involved with the construct of the *self*. In its widest definition, this is the 'true' person in the sense of being distinct from the accretions picked up in the course of life and including the elements of personality that are not normally readily accessible, including our potential. As such, the goal of individuation is to *actualise* this self, i.e. to progressively align ourselves with it, to become more our 'selves'.

Explicit in some of the views of those interviewed was that the self can also drive this process, that it seeks actualisation in some way. Also explicit is that somehow the self (i.e. the person at some deeper level) knows that trauma and the associated learning and schema reconstruction can promote the likelihood of self-actualisation, and as such the self in some manner compels the person towards such experiences. Accordingly, the addiction experience can be seen as a (risky) part of the individuation process, a potentially 'educational' and character-forming 'dark night of the soul' on the overall developmental life-journey.

### 14.3.3 Deliberateness

Effective recovery and ongoing growth and development, particularly to the levels described, requires deliberate effort or it is unlikely to happen. At the heart of this deliberateness is a cycle of conscious processing of experience, associated adjustment of approaches to life, related development of personality, and the making and enactment of subsequent choices that lead to further life experience to be processed, and so on (see figure 6 in 8.4.1). There are a number of attitudes and approaches that are central to this active effort:

- awareness
- proactivity
- responsibility
- choice-making

## 14.4 An overall theory of posttraumatic growth in recovery from addictions – Active individuation

The key elements in the overall findings were *growth*, *individuation*, *growth capital* and *deliberateness*. The overall process described is one of individuation (partially synonymous with growth) supported by the use of growth capital, the most important element of which is an attitude of deliberateness, i.e. active and conscious effort in support of self-actualisation and personal development and growth. The overall developmental process involved a range of positive feedback loops that supported PTG.

#### 14.4.1 Individuation and growth

The constructs of individuation and growth overlap considerably, but are not exactly the same. *Growth* also implies a range of positive outcomes across a number of domains, and a certain happiness and satisfaction that goes with this. Implicit in the concept of posttraumatic growth in particular is that part of growth is struggle. This perhaps less appealing aspect of growth is clearer in the construct of individuation, where struggle and trauma are almost seen as a necessary and inevitable part of the 'real' growth that is individuation.

Whilst the notion of self-actualisation was more explicit in the IPA study, both samples talked about the drive to live life in the way that was 'right' and meaningful for themselves, i.e. congruent with their sense of the core part of their personality that was somehow more the real heart of themselves.

#### 14.4.2 Supporting individuation and growth

Key to recovery, growth, thriving and the overall process of individuation is deliberateness, the active and conscious effort to support personal development. There are a number of elements common to both studies of what has been conceptualised as growth capital that support ongoing growth and development, some in the environment, many personal to the individual. In both studies there were a number of positive feedback loops that progressed development, usually expressed in an interaction between the person and their environment. Central to the effective functioning of these loops and of development in general was a range of growth capital including:

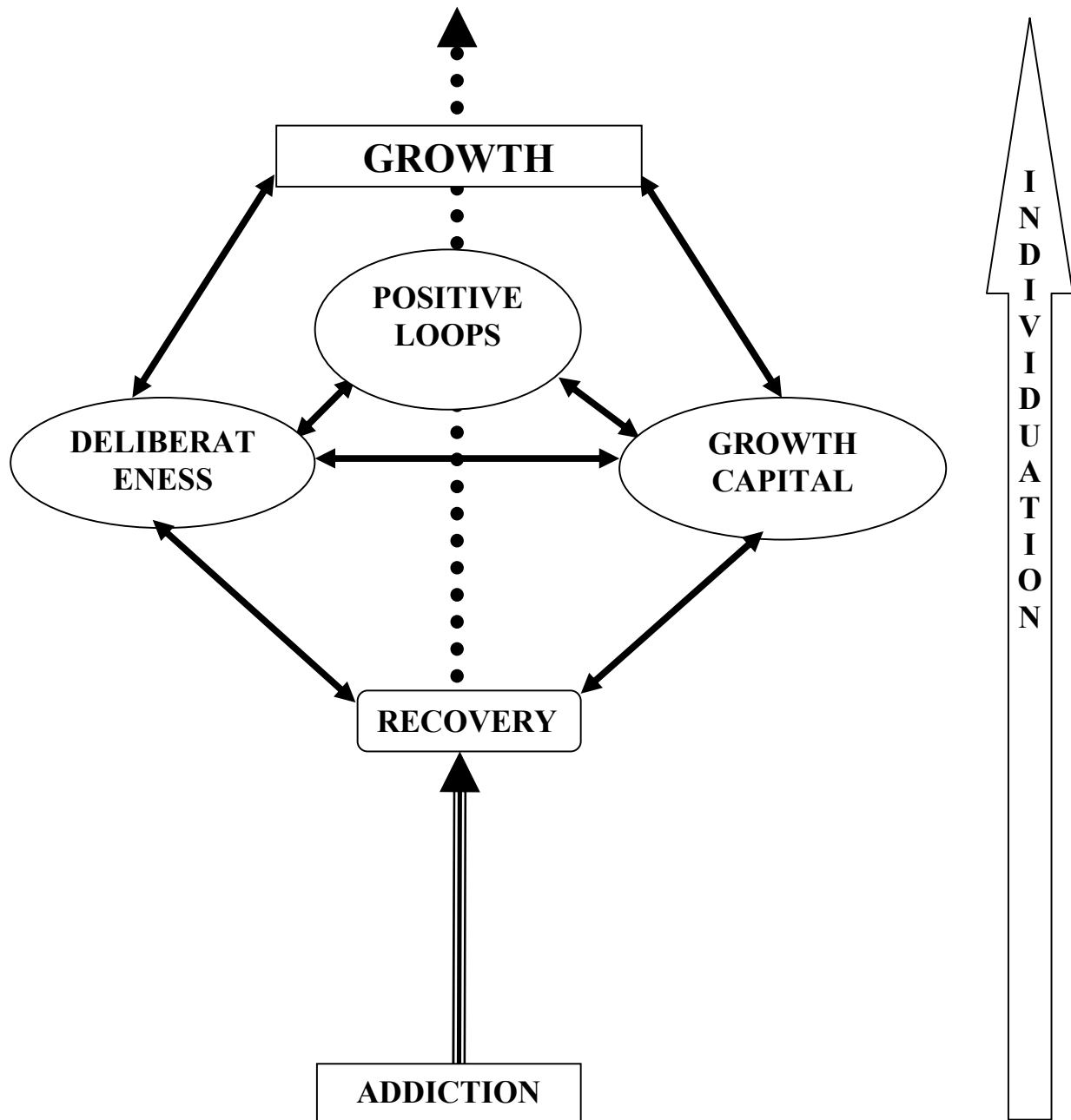


- awareness
- proactivity and goal-setting
- responsibility
- choice-making
- meaning-making
- positive relationships

### **14.5 Summary**

Posttraumatic growth in recovery from addiction involves growth and development along a continuum from the addiction through recovery to thriving. This overall development can be seen as one of individuation, the endeavour to live a meaningfully congruent life. This is supported by active and conscious use of the resources of growth capital. This model compliments those in 3.10, though differing in its emphasis. These findings are summarised in the diagram overleaf and the implications of such a model are further discussed in chapter 15.

Figure 12 – A final model for PTG in recovery from addiction



## **Chapter 15 –Review and implications of the study**

### **15.1 Introduction**

This chapter reviews the overall enquiry into PTG post-addiction, beginning with a critical review considering the strengths and limitations of the research, including what may have been done differently and what difference that might have made to the results. The second, longer section of the chapter follows on from this by discussing the implications of the study, firstly for research and theory, and secondly for its practical relevance to the areas of social policy and clinical practice.

### **15.2 Critical review – the strengths of the enquiry**

#### **15.2.1 The research question and the findings**

This study was successful in opening up new areas of knowledge and understanding in both addictions and PTG, specifically in extending our understanding of the outcomes and processes involved in PTG in recovery from addiction. The findings and associated theory not only illuminate that specific area of enquiry, but also other related and similar areas of both PTG and addictions, as well as potentially other related areas within what is sometimes called *positive psychology*, such as well-being, self-efficacy, and growth and development. Additionally, not only do the findings have implications for subsequent study and theory, but most importantly, they have practical implications for policy and practice (15.4.2 ff).

### 15.2.2 The effectiveness and utility of qualitative methodologies

Much of the strength of the enquiry derived from its methodology, specifically the use of qualitative methods. As hoped, these were invaluable in enquiring into peoples' experience, and thus at exploring and explaining the processes involved. Their effectiveness in this respect was only limited by the factors of the articulacy of participants and the skills of myself as the interviewer in 'extracting' information.

## 15.3 Limitations of the study

Looking back over this study there are a number of things that may have been done differently.

### 15.3.1 Study emphasis and reading

The first is the emphasis of the study. The original emphasis grew out of my work and research interests and was much more focussed on substance misuse and recovery than PTG. It is now clear to me that the interesting questions of this enquiry belong to the PTG area rather than the addiction or recovery area. As such I would have read less in addiction and recovery and perhaps read more earlier on in PTG and some of the related areas, such as the coping, appraisal, resilience and personal growth literatures. I would have also allowed that reading to influence the direction of inquiry, and worried less about biasing any analysis with pre-existing knowledge. Neither of these concerns significantly undermined the study, except insofar as 'pre-reading' would probably have led me to use scales to measure growth and distress (see 15.3.3).

### 15.3.2 Recruitment

A larger sample could have been of benefit in a number of ways. Firstly, in terms of Grounded Theory, it might have allowed me to test and extend theory further within that particular study, for example recruiting more people from ethnic minorities, or perhaps deliberately seeking those who had suffered major relapses. Secondly, larger numbers would have made the use of quantitative measures more feasible, and allowed comparisons between different sections of the sample, for example those who had had treatment and those who had not.

With the benefits of hindsight, if I were to do this study again I would develop my own web-site explaining the study and promoting recruitment. I would also work more with the communications officers I had contact with through work, on imaginative ways to use the media to generate interest. (I had asked, but didn't pursue this when there was no response).

Whilst the above may have helped in adding data to the study, this does not detract from the extent and richness of the qualitative data arising from having two connected qualitative studies. Whilst a greater variety of recruits to choose from is likely to have added to the detail of the qualitative data, I do not believe this would have been by a significant amount.

### 15.3.3. Methodology

The other main area of development would have been in methodology, specifically the use of quantitative methodologies, informed by more and earlier in-depth reading in the PTG area. Although it would have placed

further demand on respondents, this would have been an opportunity to discover more about PTG in general, and in regard to addiction recovery in particular.

In terms of PTG, I would definitely have used a specific PTG scale, either the PTGI as the most commonly used scale – together with a measure of distress such as the Impact of Events Scale (Horowitz et al 1979), or a scale such as the Changes in Outlook Questionnaire that measures both positive and negative impact (see 3.9.3).

I could also have considered additional scales with the intention of developing the understanding of PTG, for example scales to measure some of the outcomes or other aspects of recovery and growth capital such as well-being, optimism or meaning, though there is clearly a limit to the number of questions I could reasonably expect subjects to answer. However, it has only been through conducting the study in its entirety that these aspects have shown themselves to be so pertinent, so as such I may not have known enough to be able to select those scales.

Some of these possibilities would have necessitated changes in methodology that may have been at the expense of the qualitative data, though one or two small scales measuring positive and negative effect would be unlikely to have been a problem and would have given rise to some complimentary and hopefully interesting data. However, it is also possible that recruitment difficulties may have made numbers insufficient for meaningful data analysis, as did occur in the GT study (5.8.7).

And lastly, it would have been interesting to introduce a longitudinal element in measuring at two different points in time, principally to measure any changes over time, but also, with careful design, to attempt to explore causality and directionality, though this may have been a lot more work than is generally expected of Ph.D. research and not be feasible within the timescales. Additionally, and even more so than with a cross-sectional study, this would require numbers beyond what I may have been able to recruit.

## **15.4 Implications of the findings**

In the rest of this chapter I discuss some of the implications of the findings of this study, also with respect to the existing literature. I begin by looking at ways that PTG and addictions theories can be extended, and make suggestions for further research. Implications for policy and practice on the wider social scale are discussed next, particularly within the context of social policy and public health. Lastly, the focus then shifts to explore in more depth the potential implications of the findings of this study for practice in working directly supporting recovery and PTG.

### **15.4.1 Further implications for theory and research**

The study is both small and exploratory, and therefore its conclusions are necessarily limited in their power, but they do give rise to a testable, generalisable theory describing the experience of posttraumatic growth in recovery from addictions. There are a number of interesting avenues for further investigation, in common with those in the PTG literature, i.e. ideally longitudinal and prospective studies of sufficient detail to allow causal chain analysis; and a variety of studies exploring the presence

and effect of variables in the areas of recovery and growth capital, for example qualitative and quantitative studies exploring the variables and dynamics in social support, and quantitative studies looking at aspects of character strengths and wellbeing.

This study extends the PTG literature by showing that the experience of addiction is another one of the range of traumatic life experiences from which PTG can arise. The high degree of correspondence of these findings with the existing PTG literature suggests that much of that literature, theory and practice has the potential to be relevant to the area of recovery from addictions. The PTG literature may have a depth of understanding and clarity derived from its background in psychology that has much to offer our understanding of recovery and what is involved in it. For example, much of the detailed research that is taking place in areas such as cancer (e.g. Stanton et al 2006) may usefully inform the study of addiction recovery, at least with the easily identifiable treatment population.

There are a number of elements of the final model that are testable, for example the functioning of the many possible positive loops (see figure 6 in 8.4.1), perhaps measuring the nature and impact of the variables involved, for example aspects of social support and relationships. There are also a range of outcomes identified in this study that can be researched further with the use of quantitative approaches, for example wisdom and self-esteem, perhaps by measuring development in these areas related to other variables, such as time, or stressor variables such as life-threat. Additionally, there are a number of strategies and processes identified that could be the focus of longitudinal studies, particularly to clarify some of the causal chains involved, e.g. the



existence and action of particular coping styles, or the role and impact of aspects of social support.

The common ground between the recovery literature and experience, and the PTG literature and experience, raises interesting questions for the development of theory. Can PTG processes and addiction recovery processes be considered examples of some higher-order process of change and adjustment? And how do these theories and findings relate to largely untested theoretical concepts such as individuation? Indeed, how can we most effectively test the validity of concepts such as 'individuation' and the 'self'?

It is possible that there are findings and theories from the recovery area that may help to further deepen and extend our understanding of PTG. One clear example would be that of the construct of recovery capital, extended into that of growth capital. The development of theory in this way has potential as it suggests directions for future study and research, and subsequently for future policy and practice that will support the potential for PTG (see 15.4.3). An example would be to use the already recognised potential elements of recovery capital to inform directions for research to establish the existence and relative importance of particular elements of growth capital, e.g. aspects of social support. This would in turn have clear implications for practice. For example, if research demonstrated (as it may be beginning to, see 13.10.1) that it was beneficial to have contact with people who had coped with a similar experience and grown from it, efforts could be made to arrange this.

#### 15.4.2 Implications on the wider social scale

The majority of recovery from addiction is self-directed and does not involve formal treatment or self-help groups. This is likely to be even more the case for enhanced growth, as most treatment interventions stop soon after the point of overcoming the problem. As such, interventions from outside at the level of the individual will only ever apply to a minority of those to whom such interventions may be pertinent. For this reason, social policy and public health initiatives have considerable potential for supporting recovery and growth. The wider social arena rarely came up directly in the data, but the findings have a number of implications for social policy.

##### 15.4.2.1 Extending the available narratives

It is of note that many people seem unaware of the prevalence of self-change (Cunningham et al 1998), despite periodic media attention on celebrities (one of the more contemporary being George Bush Jr.) who have managed addictions themselves. This is important as people's view of addictions influences their beliefs regarding what is necessary to resolve or manage the addiction (Cunningham et al 1996).

Klingemann and colleagues (2001 pp.91-106, 137-163) explore social and strategic policy influences that support or hinder self-change. For example, public health initiatives (in Canada and Switzerland) increasing public awareness of the prevalence of self-change act as an intervention helping to promote further self-change (ibid p.191). By extension the same may be true for enhanced growth.

We may be currently limiting the range of options the person feels exists in the first place, as Davies' (1997) work suggests that if we do not consider or 'allow' for such narratives of positive outcomes, we reduce their likelihood. This applies to the wider cultural sphere, arguing that there are real benefits in promoting understanding and acceptance of the 'normality' of self-change and PTG, particularly in the USA where self-change is rarely acknowledged.

#### 15.4.2.2 Supporting the meeting of basic needs as a foundation for development

Within this context, though more the remit of a sociological study, it is of note that basic elements of social capital, recovery capital and growth capital are affected by social and public health policy, e.g. access to training, education, housing, treatment, etc. All of these were in the findings, reinforcing the view that wider policy can impact on the potential for recovery and growth. It is possible that further work on growth capital within the context of the goal of a healthy society may be of future benefit in influencing social policy.

At the simplest level, in line with Shiro & Auerbach (2001) and Maslow's hierarchy (1970, 1971) basic needs are ideally met first. It is harder for those lacking safety, security and basic human needs such as warmth and adequate diet to move towards PTG. Maintenance of positive behaviour change is often dependent on changes in life circumstances (King & Tucker 1998) and environmental factors (Blomqvist 2002 p.150). As well as this basic level, there is also likely to be much in theory and practice that can be done towards developing a positive growth-promoting context that supports recovery, PTG and well-being generally within other broad areas of social policy and services, such as

education, employment and environmental policy. To quote Joseph & Worsley again (2005 p.i), “....human beings have an inherent tendency towards growth, development and optimal functioning. But these do not happen automatically...Without the right social environment the inherent tendency towards growth can become thwarted and usurped, leading instead to psychological distress and dysfunction.”

#### 15.4.3 Individual interventions and support

My two studies preceding this thesis (e.g. Hewitt 2002) have emphasised the potential for using what has been learnt in the PTSD field to help people overcome their addictions more effectively. This study demonstrates that there is also potential for using what has been learnt from the PTG area, not only in promoting thriving, but perhaps also in directly supporting recovery.

Potentially useful elements of these findings could be made available in the relevant literature and presented at practitioners' conferences and other educational and training opportunities. Whilst it is my intention to publish in peer-review journals and perhaps present at some academic conferences, I know from experience that it takes a long time (if ever) for research findings to reach policy-makers and practitioners in the field, the great majority of whom do not read journals or go to research conferences.

Relevant findings are more effectively disseminated through the practitioner conferences and the literature that they read. I have already presented and published some preliminary findings in addiction journals (Hewitt, 2002, 2004) as well as in the addictions field's main 'in-house' publication (Hewitt 2006), and intend to do more, for example I am

already booked to present some of the findings related to thriving post-addiction at an international addictions conference later in 2007, as well as presenting on self-change from addiction at a national conference for Primary Care.

As a specific example of a relatively straightforward concept to explain and one easily transferable to addiction recovery, Tedeschi & Calhoun (2006) advise a two-stage process to facilitate growth in trauma survivors, where firstly interventions are aimed at managing and reducing anxiety and other after-effects, and then later at encouraging strategies that support the creative construction of meaning, identified as important in this and other studies (see 9.5). It is also appears likely by definition that PTG itself reduces the risk of relapse and is therefore to be encouraged in addiction recovery.

The remainder of this chapter looks firstly at pertinent aspects of the broader context for helping interventions before focussing on specific interventions.

#### 15.4.3.1 The helping context – widening the narratives in practice

Further to 15.4.2.1 above, the possibility of PTG in those recovering from their addictions has a range of implications for the delivery of helping services and support. To begin with, by our traditional focus on problems and illness, we may miss or restrict opportunities to foster and support health, growth and well being. McMillen et al (2001 p.77) emphasise the need to anticipate, recognise and encourage growth, first and foremost by helpers being aware of and 'allowing' this possibility, remaining mindful of the potential involved in such experiences to be fertile ground for new growth and direction, and having faith in a positive

outcome (Hager 1992 p.382). An adjunct to this is the need to normalise such experiences and to foster hope (Miller & C'de Baca 2001 p.177).

Specific to discussion of both the social/cultural milieu and individual interventions, is the emphasis (e.g. Hanninen & Koski-Jannes 1999, Tedeschi 1999, and see 9.5 ff) on the value of having a range of narratives to draw on to support and focus any process of change. This suggests the need for an extension of the existing range of narratives in addiction. Of use may be Meichenbaum's (2006 p356) detailed analysis of the elements of narrative that are commonly involved in both distress and growth. Such narratives can support recovery and growth. There may also be much for other areas of addiction work that can be learnt from understanding and applying elsewhere the elements of 12-step programmes and fellowships that are proven to be particularly valuable.

All of the above can be helped by publishing and speaking as discussed in 15.4.3. As part of this, there is probably some benefit in work 'promoting' the (appropriate) use of the 12 steps and 12-step fellowships, at least in the UK. Similar efforts in relation to the role of religion and spirituality also have the potential for a positive impact on people's practice. Again, this would be through publishing and speaking in places accessed by the field.

However, this is not to underestimate the difficulties in overcoming secular humanist 'prejudices' in the addictions field in the UK against the 12-steps, religion and spirituality. For example, after the previous study (Hewitt 2004) I used the authority of my position at work to have a question about spirituality introduced into assessments by the 200 staff I managed. This was compromised by practitioners discomfort in asking

such questions (interestingly, they were happy to ask about safer sexual practices and offending-behaviour), which sometimes led to these questions being 'overlooked'. In the end these service-generated assessments were replaced by ones imposed nationally which did not include any consideration of religion or spirituality.

#### 15.4.3.2 The helping context – supporting meaning and growth

Whatever the specific approach, the study data suggests that more important perhaps is working within a humanistic and/or transpersonal context. "Clinicians must feel comfortable and be willing to help their patients process their cognitive engagements with existential or spiritual matters and generally respect and work within the existential framework that patients have developed or are trying to rebuild in the aftermath of a trauma." (Tedeschi & Calhoun 2005 p.1) This does not necessarily mean doing anything very different in terms of interventions from what is already used in working with addictions and dependency (or PTG), but is likely to mean working with reference to a broader context that recognises and allows positive possibilities and is able to support and encourage them where necessary, as well as being willing and able to allow and work with issues of identity, meaning and spirituality.

Shaw et al (2005 p.8) also emphasise how important it is that therapists are comfortable working with clients who raise existential and spiritual issues, and related to this, Calhoun & Tedeschi (1998 p.364) emphasise the importance of working within the client's own belief system. What is perhaps unique to the more transpersonal approaches is to be prepared to continue beyond what we may consider as the norm that we aspire to for those we work with; to focus on thriving, the spiritual, and the search for meaning. As peoples' cultural and religious heritage can provide a

lot to draw on in this respect, there may be benefits in an interest and focus on what has provided meaning to people, or may in the future. Dormant spiritual/philosophical/ideological approaches can be reawakened or new ones explored.

Morjaria & Orford (2002 p.228) point out that though programmes based on the 12-steps can accommodate growth and development on all levels including the spiritual, other dominant approaches in the addiction field neglect this area, as do most helping approaches (Dunbar et al 1998 p.152), and this will restrict the possibilities for PTG. As Miller (2003a p.3) stresses, summarising both the findings and the implications of much of the research on spirituality/religion and addiction: "...spirituality as an antidote to addiction: as a preventative, a treatment, and a path to transformation...we can scarcely afford to overlook this relatively untapped source of healing."

Whilst the findings may concur with this, there are challenges to development in this direction, confounded in the UK by the increasing control of clinical practice by central government, also a growing problem in the US with non-practitioners dictating how 'managed care' is delivered. A possible antidote to this in social policy terms that can support clinical practice may be a growing awareness of and respect for diversity, e.g. that different cultures have differing spiritual needs to be considered. In the UK, the alcohol field is currently less constrained than the drugs field, perhaps explaining why Jackson & Cook (2005 p.382) were able to establish a spirituality group in an alcohol treatment service. This group was easy to implement (though poorly attended) and pertinent to these studies in explicitly offering the chance to reframe addiction as part of the overall struggle of growth and development.



#### 15.4.3.3 The helping context – characteristics of the helping relationship

The studies' participants did not have much to say as to exactly what were the positive features of the helpers they encountered along the way, though the PTG, addictions and therapeutic literatures do have a lot to say about this. For example, in the largest (n=1,726) randomised-controlled trial in the addiction field (Project Match 1997) comparing different therapeutic approaches, one set of factors that consistently stood out as an important variable (as opposed to the techniques used, which weren't), was the set of attitudes and behaviours first identified by Carl Rogers (1957) fifty years ago. These could be summarised as a relationship with psychological contact where congruence, unconditional positive regard and empathy are communicated. Similarly, psychotherapy outcome research has consistently shown that the type of therapy, technique, training or credentials of the therapist are found to be irrelevant, and the most consistently relevant relationship variables are empathy, genuineness and unconditional positive regard, again consistent with person-centred approaches (Proctor 2005 p.282).

As these characteristics are not restricted to professionals, such helping relationships need not be specifically psychotherapeutic or professionally delivered, indeed any human contact of this nature may be growth-promoting (Warner 2005 p.97). Of relevance in the findings in this context are the positive choices people make in the social sphere, some of which reflect the above features (see 7.6.3).

#### 15.4.3.4 Assessment

Most interventions begin with some kind of assessment, usually of the nature of the problem. Tedeschi & Kilmer (2005 pp.230-1) describe a

range of methods for assessing a person's strengths (i.e. capital), that are not only good for the therapeutic relationship and the person's esteem and confidence, but can support an intervention in a number of very specific ways, e.g. clarifying which strengths can be applied towards certain goals and how resilience can be fostered. Generally, the addictions field does not routinely assess the resources available to people, though individual practitioners may do this in the course of their therapeutic work. Again, it is hoped that publishing and speaking on these issues may make some difference.

It often takes several attempts to overcome an addiction, so anything that can support these attempts is useful. The constructs of recovery and growth capital are well-placed to provide a framework for assessment and subsequent interventions or self-directed actions focussed on utilisation of capital. Wider than just the addictions, such a framework can help support and focus research, assessment and intervention/action for those who have had a range of traumatic experiences by clarifying where and how growth capital can be utilised. This could either be as external interventions or as tools to support self-development and growth.

#### 15.4.3.5 Specific approaches and interventions

The addictions field uses a range of methods to manage substance misuse problems including CBT, groupwork, person-centred and 12-step approaches. A number of the models and approaches that are associated with Positive Psychology may also have much to offer with their concerns with understanding and supporting well-being, fulfilment, joy, meaning and satisfaction. However, such approaches may struggle to be accepted in addictions practice outside 12-step and religious

programmes, due not least to government guidelines on what is approved practice. There are similar problems working more directly with meaning, though again, there is scope for this in 12-step and religious programmes (see 15.4.3.2).

As well as maintaining an appropriate context in mind (as above), there are a number of techniques and approaches (e.g. Grof 1987a, Kissman & Maurer 2002, Miller 2002, Sparks 1987, Whitfield 1984a,b,c) that were specifically developed to promote growth post-addiction (mostly within a 12-step context). Whilst there are no studies assessing the effectiveness of any of these, they certainly warrant examination.

Joseph argues (2004 p.110) that only approaches that are aimed at congruently integrating self and experience will support PTG, and he outlines a number of specific implications for practice (ibid pp.114-5). He further suggests (2005) that person-centred approaches are perhaps best-suited for such an endeavour (see 15.4.3.3). Linley & Joseph (2003 p.135) argue that the more client-centred, experiential and existential psychotherapies are likely to be of value in supporting PTG. Complementing this view, Tedeschi & Calhoun (2006 p.291) also support the use of cognitive, narrative and existential approaches, presumably as cognitive processing and the development of meaning – often in a narrative context – figure prominently in their model of PTG (see fig. 3 in 3.10.3). The majority of practitioners in the UK could probably (in my professional experience) be loosely described as having an eclectic approach on a person-centred foundation, at least as far as their approach to communication and their working philosophy goes.

CBT (cognitive-behavioural therapy, see below) and person-centred approaches can be seen as relevant at all points of the continuum from

recovery to thriving, but this is arguably less the case with the more 'abstract' meaning-based approaches. My experience is that these are not seen as relevant in 'front-line' addictions work, and if they are accepted as having a place at all, it is during the recovery phase. However, in practice constraints on the treatment system are such that formal interventions usually cease a few months after the point where the person has overcome their problem, not allowing much time to promote PTG. The notable exception to this is access to ongoing involvement with the free and relatively available 12-step meetings.

Specific to narrative, McMillen recommends (2004) a range of methods, as does Meichenbaum (2006). Narrative psychology may have much to offer with its developed theory as to the making of meaning, and practice in helping people with this (for examples, see Neimeyer 2006 pp.76-7) Specifically, narrative psychology may show the way for interventions that support the assimilation and accommodation of trauma, and where this is not possible, the development of new narratives that can accommodate the experience. Additionally, as said above, there is potential for work promoting the narrative 'strength' of the 12-steps as a potential resource beyond those programmes.

Zoellner & Maercker 2006 (pp.342-7) review a range of empirical PTG studies on personal growth and related variables as psychotherapy outcomes. The approaches used were mostly CBT-based, and though results were positive, most studies were regarding breast cancer (and lacked controls), and as such, further studies may be needed with other groups. Increasingly, the evidence base supporting CBT approaches to addiction together with the associated government approval is encouraging their use by practitioners in the UK.

None of this study's findings specifically mention CBT, though a number of those interviewed who were practitioners themselves did use such approaches in their work. Additionally, my experience of developing and running both CBT and 12-step programmes suggest that a number of the approaches used in 12-step programmes are essentially CBT ones, albeit within a 12-step context.

An approach specifically designed to promote PTG is McMillen's (1999) REEP, essentially a process of reflection, encouragement, exploration and planning aimed at promoting PTG, though McMillen acknowledges this needs to be carried out with sensitivity and care by the helper if they are not to offend the person involved by being seen to be discounting their suffering. Tedeschi & Calhoun (2006) also place a strong emphasis on supporting cognitive processes of conscious reflection and emotional analysis. A specific strategy adaptable to most approaches and very popular in this study as a 'self-administered' approach, is to support people in their reviewing and managing of what is life-affirming and growth-promoting for them, both as individuals and in terms of relationships. The latter may be of particular importance for women (Dunbar et al 1998 p.153).

## **15.5 Summary**

This study was successful in beginning to clarify and explain much of what is involved in the relatively new area of study of posttraumatic growth in recovery from addictions. It raises a number of suggestions for further research and study, and for positive developments in social policy and clinical practice that could support both recovery and thriving in those with problems with substance misuse. There is potential for the promotion of the findings to positively impact on the development of

social policy and clinical practice. As someone who is acquainted with and experienced in working in both these areas, I am in a good position to at least attempt to make a difference with these findings, albeit working against the inertia of current orthodoxy

## 15.6 Conclusion

*"I've gained everything. Everything that makes me what I am. All the things I enjoy about being me. All the things I feel grateful for. I'm grateful that I was an addict..." (17:27-28)*

Apocryphally, President John F. Kennedy is said to once have referred in a speech to the Chinese expression for "crisis", as a way to inspire his fellow Americans to rise up to the challenges of the time. The story is that he described this word as consisting of two characters, one meaning "danger" and the other "opportunity".

The two Chinese characters in question are most likely *Wei Ji*:

危机

*Wei* does have the meaning of danger and *Ji* implies chance, a pivot, or a crucial point in time. So, whether or not Kennedy actually ever said this, the expression seems to signify the dual nature of a crisis - peril and potential.

This study's central concern is of that potential contained within the perilous experience of the growing world-wide problem of addiction to and misuse of drugs and alcohol. Drugs and alcohol misuse causes immense and untold misery, and it is natural and appropriate that there has been much written on what leads to substance misuse problems,

the nature of such problems, and how to help people manage and recover from them.

This thesis has been a beginning in exploring some of the other narratives of the addictive experience, the hopeful, positive and inspiring stories of those who have not just survived the experience, who have not even solely managed to get back on their feet, worthy and challenging goals though these both are. This work is focussed on those who are thriving despite this often traumatic experience, indeed perhaps because of it.

Like much of the other research within this area of posttraumatic growth, these findings carry messages of hope as to the existence of natural human drives and processes of recovery and growth, and a range of available resources to support this, this time within the context of recovery from addiction.

And perhaps most importantly of all, what we have are pointers towards things we can do to improve our practice in how we support people in their recovery from their addictions, pointers towards not just reducing illness, but increasing health and wellbeing.

91,258 words (including indices, bibliography and appendices)

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**Appendix I**  
**Confidential Research Questionnaire**

Please do your best to answer the following questions, if you are not sure about the exact answer then please put the nearest. The more questions you are able to answer, the more meaningful the final research should be. Please note again that there is **complete confidentiality**, which is why it is not necessary to put any contact details such as name or address, though this would obviously be helpful for further interviews.

1. Date Of Birth: .....

2. Gender:

Male/Female

3. Ethnic Categories (please circle or tick)

White

British

Irish

Other White

Mixed

White and Black Caribbean

White and Black African

White and Asian

Other Mixed

Asian/Asian British

Indian

Pakistani

Bangladeshi  
Other Asian

Black/Black British

Caribbean  
African  
Other Black

Other Ethnic

Chinese  
Any Other

Not Stated

Drugs/Alcohol History

4. How old were you when you first had either alcohol or drugs?.....

5. How old were you when you first became intoxicated (e.g. drunk, stoned)?.....

6. How old were you when you realised for the first time that your drinking or drug taking was having an effect on your life that you did not like, when you first realised it was a problem? .....

7. Please put a tick in the box that describes what drugs and alcohol, if any, you have ever been involved with. For example, if you only used cocaine occasionally for 'recreational' purposes and never had a problem with it, but you drank alcohol in a problematic way, you would put a tick in the "Cocaine" row where it meets the "Used Recreationally" column, and a tick in the box where the "Alcohol" row meets the "Used Problematically" column.

<b>Substance</b>	<b>Used At Least Once</b>	<b>Used Recreationally</b>	<b>Used Problematically</b>
Tobacco			
Alcohol			
Cannabis			
Inhalants (glue, gas, etc)			
Hallucinogens (e.g. LSD, Mushrooms, etc)			
Ecstasy (XTC)			
Amphetamines (Speed, etc)			
Tranquilizers/ Barbiturates (e.g.Valium, etc)			
Cocaine			
Crack Cocaine			
Opiates, (e.g. heroin, methadone, etc.)			

**8.** Approximately what was your average daily consumption of alcoholism and drugs during your worst month?

.....  
.....  
.....

**9.** How long in total was your drinking or drug use a problem? E.g. 2 years of problem use, followed by 2 where it was not a problem, and another 3 where it was, would be two plus three equals five years of problem use.

.....

**10.** Over how long a period of your life were there these periods of problematic drug or alcohol use. For instance, in the above example where there was two years of problem use, two years of non problem use and three years of problem use, the answer would be a total of seven years.

.....

**11.** How long has it been since you last had any kind of a problem with drugs or alcohol?

.....

**12.** Are you now abstinent from this substance (e.g. alcohol or a particular drug) that used to cause you problems?

Yes/No

**13.** Are you completely abstinent from alcohol and drugs?

Yes/No

14. What treatment or help, if any, did you have to help you manage your use of drugs or alcohol, (e.g. an alcohol detox, a Methadone Prescription, Alcoholics Anonymous meetings, etc). If none, say none.

.....

.....

.....

.....

.....

15. To what extent did the following things happen as a result of your use of alcohol or drugs?

	Never Happened	Once or a few times	Often	A Lot
Your physical or mental health was harmed				
You missed work or school				
Your marriage or love relationship was harmed				
It affected your children negatively				
You were involved in violence (whether "giving" or				

"receiving")				
You were arrested				
You spent time in Prison				

16. What is the highest education you have received?

**None at all    Primary School    Secondary School**

**Further Education e.g. Technical/Clerical                      University**

17. What is your marital status?    **Single                      Separated**  
    **Married                      Divorced**  
    **Living as married              Widowed**

18: Date this questionnaire completed: .....

For this research to really understand how people get 'better', it will be necessary to interview some people in more depth. Such interviews should take less than one hour and would be at your convenience. If you are willing to be interviewed further, than please supply contact details below, e.g. postal address, phone number, e-mail.

.....  
 .....  
 .....  
 .....  
 .....  
 .....



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.....

It can be very difficult to find appropriate people for this particular research, so if you are aware of anyone else who may fulfil the criteria for this research - that is, they need to have had a 'problem' with drink or drugs, they don't anymore, and they may feel they somehow benefited from this experience - then I would be grateful if you could ask them if they would be interested in helping with this research, and to contact me at:

The Robert Smith Unit, 12 Mortimer Road, Clifton, Bristol, BS8 4EX  
Telephone: (0117) 973 5004    e-mail: [pspajh@bath.ac.uk](mailto:pspajh@bath.ac.uk)

*If you are interested in the outcomes of this research, then please contact me after it is completed in July 2005 and I will send you a copy of the final report.*

*Many thanks for your help with this research*

*Anthony Hewitt*

## **Appendix II**

### **Demographics and other data of questionnaire respondents in the Grounded Theory study**

<b>ID No</b>	<b>Interview No.</b>	<b>Gender</b>	<b>Age</b>	<b>Length of problem</b>	<b>Main problem substances</b>	<b>Description of problem</b>	<b>Interviewed</b>
1	1	F	36	3/3	Heroin, alcohol	Severe	Y
2	2	F	38	4/4	Heroin	Severe	Y
3	3	F	25	6 month binge	Amphetamines ecstasy	Heavy	Y
4		M	50	14/17	Heroin, crack	Very severe	N
5		M	59	10/15	Heroin, alcohol	Severe	N
6		M	41	2/5	Amphetamines alcohol	Heavy	N
7	4	F	32	4/8	Amphetamines alcohol	Heavy	Y
8	5	F	37	5/5	Alcohol	Severe	Y
10	6	F	39	8/8	Heroin, alcohol, amphetamines	Severe	Y
11	7	F	39	3/4	Cocaine	Heavy	Y
12		F	47	7/7	Opiates, amphetamines	Very severe	N
13		F	35	2/7	Amphetamines ecstasy	Heavy	N
14		F	44	6/6	Alcohol	Very severe	N

15	8	M	41	3/3	Alcohol, amphetamines	Heavy	Y
16	9	F	31	13/17	Inhalants, alcohol	Heavy	Y
17		M	35	14/17	Heroin, alcohol	Very severe	N
18	10	M	61	25/25	Alcohol	Severe	Y
19		M	29	2/2	Heroin	Heavy	N
20		M	43	15/15	Alcohol	Very severe	N
21		F	60	5/10	Alcohol	Heavy	N
22		F	46	12/20	Alcohol	Severe	N
23		M	41	2/4	Alcohol	Heavy	N
24		F	40	15/15	Heroin, crack, cocaine	Very severe	N
25	11	F	60	18/19	Alcohol	Severe	Y
26	12	M	40	18/20	Heroin	Severe	Y
27	13	M	58	9 month binge	Crack cocaine	Very severe	Y
28		M	27	12/12	Heroin, crack, alcohol	Very severe	N
29	14	F	36	22/22	Crack, alcohol	Very severe	Y
30	15	F	34	8/10	Alcohol	Very severe	Y
31	16	F	34	4/4	Heroin, cocaine	Very severe	Y

### **Appendix III**

#### **Second Stage Interview Questions (GT Study)**

1. How do you feel about the quality of your life now?
2. What has helped you get to this point? (Both external factors, and internal traits, strategies, processes, etc. Press for detail)
3. How was that compared to when you were drinking/using?
4. Do you have regrets about that period? If so, what are they?
5. What do you feel you gained from those experiences?
6. What, if anything, is the new "centre" of your life?
7. How would you describe any stages involved in this process of change and development?
8. Do you think there is such a thing as an innate drive to grow and develop? If so, what are your views on this, particularly in your own life?
9. Is there anything else you would like to add?

## **Appendix IV**

### **Interview Questions (IPA)**

Ask any questions? Note some overlap in questions, get them to do most of the talking, etc

1. Date interviewed?
2. Age, gender, ethnicity, partnership status?
3. What do you think motivated you to overcome your drug use? (prompt for external and internal resources?)
4. What do you think motivated you to go further, to go beyond basic recovery? (prompt for external and internal resources? Also issue of whether there is a natural drive?)
5. Could you tell me more about your use of drugs and alcohol, especially during when you consider it was a problem. For example:
  - what substances were a problem?
  - when did the problems start, when did it stop being a problem (how long was it a problem)?
  - how severe a problem, how bad did things get?
6. What was your life like then (when things were at their worst)?
7. How would you describe your life now? (explore all domains, including attitudes, emotional states, relationships, etc)
8. What do you think helped you get to this point? (Both external factors, and internal traits, attitudes, beliefs, experiences, strategies, processes, etc. Press for detail)
9. What do you feel you gained from those experiences? (Prompt to explore all domains) (If 'enhanced growth' reported, ask how much is this coping and adjustment or even basic maturation rather than enhanced growth as such?)
10. (Assuming growth has been mentioned in some form)
  - What is growth?

- How do we grow?
  - Can we help or increase growth?
  - How? How might the experience of addiction and recovery do this?
  - What direction is growth in?
  - (Is this an innate drive to grow and develop?)
  - What is your experience of this in your own life?
  - What are your views on how this may work in general (if it does?) for people in recovery?
11. (Assuming 'meaning-making' has been mentioned in some form)
- How did you make sense of all this? (How do people in general make sense of all this?)
  - What was the role of sense and meaning for you?
  - Do you have a sense of what the meaning of your own life might be now, its purpose, direction, etc?
12. How would you describe any stages involved in this process of change and development?
13. Is there anything else you would like to add?

## **Appendix V - Subject Information Sheet**

### **Confidential Research into 'Positive' Long-Term Impacts of Addiction to Drugs and Alcohol**

It probably goes without saying that traumatic and extreme experiences like the death of loved ones, sexual abuse, rail disasters, etc, can have damaging effects on the people involved, sometimes in a long-lasting way. On the other hand there are some for whom such experiences appear somehow to have had a positive impact in the long run.

Also perhaps surprisingly, there are some people who say that they do not regret their past problems with drugs or alcohol – even when these have been very unpleasant - because they feel that without these experiences they would not be who and where they are today; that in some way they are actually better off as a result of these experiences.

I believe there is a lot that can be learned from studying the experiences of such people. The purpose of this particular research project (which forms part of my work towards a Ph.D.) is to gain a deeper understanding of what actually happens when people who have had problems with drugs or alcohol not only get better, but seem to get a lot better.

It is hoped that this research will be able to help with both the work that takes place with people with drug and alcohol problems, as well as with the wider population who may be recovering from other traumatic and adverse experiences.

If you are one of these people who had problems with drugs or alcohol in the past, who no longer has such problems, and you feel that you may have actually benefited in some way from your experiences, then it would be very helpful if you could participate in this research. In the first instance this would involve a simple and comparatively brief (it should take less than thirty minutes) questionnaire that I would send to you and ask you to return. A number of the people who had returned the questionnaire would then be asked if they would be willing to be interviewed further (probably for less than one hour) at their convenience.

Most research in drugs or alcohol has been focussed on people who have been involved in treatment, or at least in organisations such as Alcoholics Anonymous. In this research I am also hoping to compare the experiences of those who have had specialist input with those who have recovered from their problematic use of drugs or alcohol without specialist help, for example, from drug services, alcohol services or Alcoholics Anonymous, etc. This is because there has already been some research done on people who have had such treatment, and research shows that those who manage without treatment are in fact in the majority.

It is important to stress that everything in this research is **completely confidential**. The research itself has been approved by the Bath Local Ethics Committee. Recruitment for this phase of the research will finish in Spring 2005.

If you are willing to take part in this research, then please contact me either by phone, letter or e-mail at the following address:



Anthony Hewitt  
The Robert Smith Unit  
12 Mortimer Road  
Clifton  
Bristol  
BS8 4EX

(0117) 973 5004

e-mail: [pspajh@bath.ac.uk](mailto:pspajh@bath.ac.uk).

If you know anyone else who may be appropriate for this research – particularly those who managed their problems without specialist help, I would be very grateful if you could also pass this information on to them. The greater the numbers of people involved in this research, then the more useful and relevant it is likely to be.

Many thanks for your help.

Anthony Hewitt

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## **Appendix VI**

### ***The 12 Steps of Alcoholics Anonymous***

1. We admitted we were powerless over alcohol--that our lives had become unmanageable.
2. Came to believe that a Power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of God as we understood Him.
4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to God, to ourselves and to another human being the exact nature of our wrongs.
6. Were entirely ready to have God remove all these defects of character.
7. Humbly asked Him to remove our shortcomings.
8. Made a list of all persons we had harmed, and became willing to make amends to them all.
9. Made direct amends to such people wherever possible, except when to do so would injure them or others.
10. Continued to take personal inventory and when we were wrong promptly admitted it.
11. Sought through prayer and meditation to improve our conscious contact with God, as we understood Him, praying only for knowledge of His will for us and the power to carry that out.
12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs.